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1953

COUNTY BOROUGH OF GATESHEAD

ANNUAL REPORT

OF THE

Public Health Department

FOR YEAR 1953

JAMES GRANT, M.D., Ch.B., D.P.H.
(GLASGOW)

MEDICAL OFFICER OF HEALTH

W. A. MEARS, CHIEF SANITARY INSPECTOR

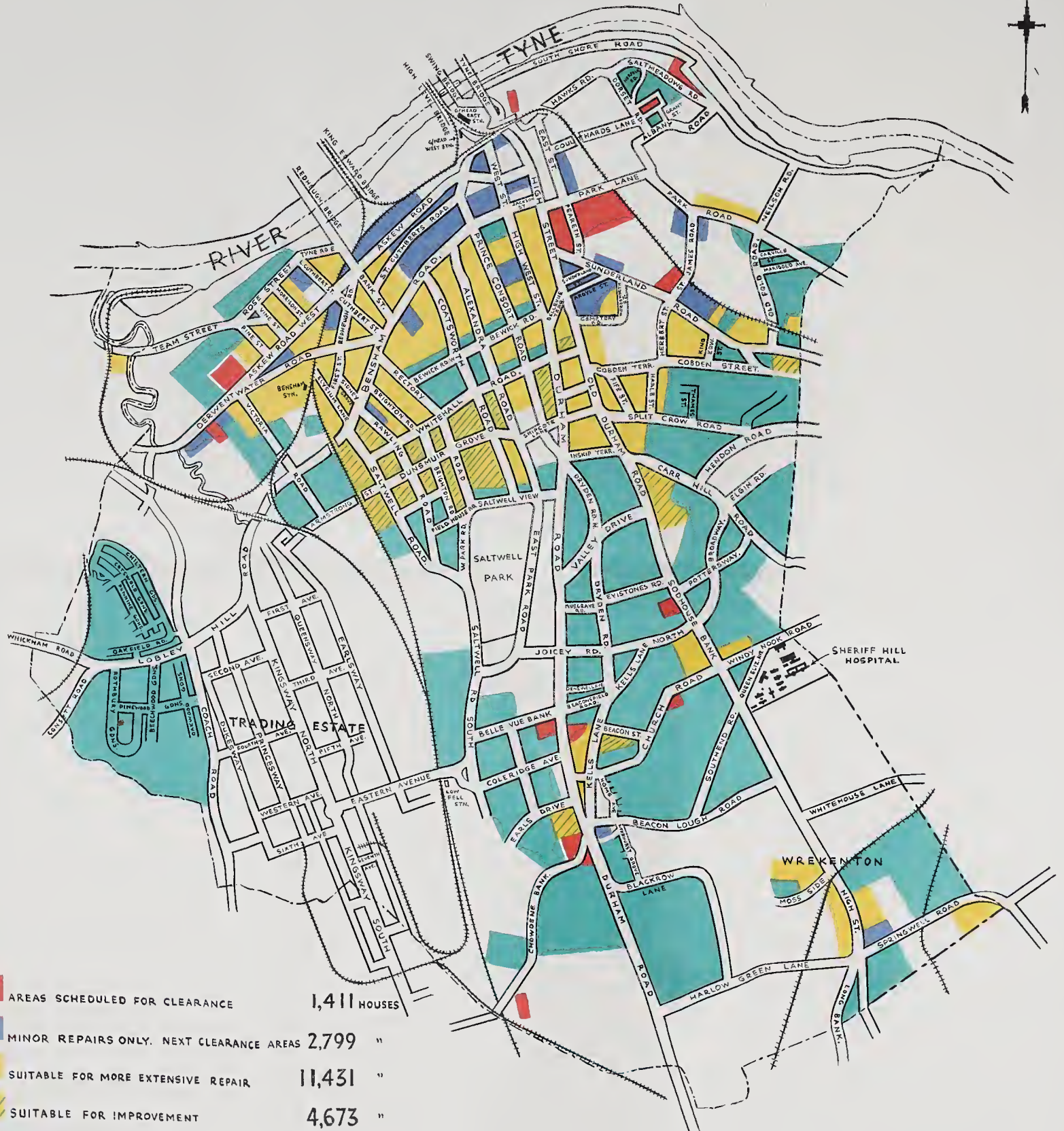


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COUNTY BOROUGH OF GATESHEAD.

HOUSING PLAN



	AREAS SCHEDULED FOR CLEARANCE	1,411 HOUSES
	MINOR REPAIRS ONLY. NEXT CLEARANCE AREAS	2,799 "
	SUITABLE FOR MORE EXTENSIVE REPAIR	11,431 "
	SUITABLE FOR IMPROVEMENT	4,673 "
	GOOD STANDARD HOUSES	11,765 "



SANITARY INSPECTOR'S DEPT.
GATESHEAD.

BOROUGH SURVEYOR'S DEPT.
GATESHEAD.

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HEALTH COMMITTEE

1953 - 1954

Chairman — ALDERMAN P. S. HANCOCK, O.B.E.

Vice Chairman — ALDERMAN J. T. ETHERINGTON

THE MAYOR (ALD. MICHAEL GRANT)	COUN. MRS. A. E. JEWITT, J.P.
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„ MRS. M. GUNN	„ J. W. MORRIS
„ J. A. HUTCHISON	„ A. W. MORRISON
„ F. PATTISON	„ W. J. PIKE
„ B. N. YOUNG	„ J. W. ROBERTS
COUN. E. ARMSTRONG	„ W. L. SLOAN
„ R. N. BAPTIST	„ J. A. THOMPSON
„ MRS. M. BELL	„ A. V. TURNBULL
„ A. CROSSLEY	„ C. H. WHEATLEY
„ H. HARKER	„ J. S. C. WHEATLEY
„ MRS. A. HUTCHISON, J.P.	„ T. WILKINSON

Representatives of Outside Bodies :

DR. J. C. ARTHUR

MR. C. G. C. SIMMONS

Secretary, Executive Council
Gateshead

SUB-COMMITTEES

Maternity and Child Welfare

THE CHAIRMAN	COUN. MRS. M. BELL
THE VICE-CHAIRMAN	„ MRS. A. HUTCHISON J.P.
ALD. MRS. M. GUNN	„ MRS. A. E. JEWITT J.P.
„ J. A. HUTCHISON	„ J. W. MORRIS
COUN. R. N. BAPTIST	„ W. L. SLOAN

Co-opted Members

MRS. H. LISTER	MRS. L. PATTISON
MRS. M. ORTTON	MRS. M. E. ROBERTS
	MRS. C. N. TROTTER

Invalid Care and After-Care :

THE CHAIRMAN	COUN. MRS. M. BELL
THE VICE-CHAIRMAN	„ A. CROSSLEY
ALD. W. F. BARRON J.P.	„ MRS. A. HUTCHISON J.P.
„ J. A. HUTCHISON	„ MRS. A. E. JEWITT J.P.
COUN. R. N. BAPTIST	„ J. W. MORRIS

Representative of the Council of Social Service :

REV. A. WIGHAM PRICE

Other Members :

MISS H. BROTHERTON

Ex-officio :

The Personal Service Worker of the Council of Social Service
(Miss E. H. DAVISON)

General Purposes and Insanitary Property :

THE CHAIRMAN	COUN. R. N. BAPTIST
THE VICE-CHAIRMAN	„ MRS. M. BELL
ALD. W. F. BARRON J.P.	„ A. CROSSLEY
„ J. A. HUTCHISON	„ MRS. A. HUTCHISON J.P.
„ B. N. YOUNG	„ J. S. MAGNAY J.P.
COUN. E. ARMSTRONG	„ A. W. MORRISON
	COUN. T. WILKINSON

LIST OF STAFF.

1. STAFF OF LOCAL AUTHORITY.

Medical Officer of Health, Principal School Medical Officer and Medical Superintendent, Sheriff Hill Infectious Diseases Hospital—JAMES GRANT, M.D., CH.B., D.P.H.

Deputy Medical Officer of Health and Senior Medical Officer Maternity and Child Welfare—MARGARET B. HERBST, M.D., B.S., B.HY., D.P.H.

Senior School Medical Officer and Assistant Medical Officer of Health—IRIS M. PRATT, M.B., B.S., B.HY., D.P.H.

Assistant Medical Officers of Health and School Medical Officers—LORNA M. ROZNER, M.B., B.S., D.P.H.; MAX PARK, M.B., CH.B., D.P.H.; JOSEPH O'CONNOR, M.B., B.CH., B.A.O., L.M., M.D., D.P.M., D.P.H. (deceased 31.1.53); HUBERT C. WEIR, M.A., M.B., B.CH., B.A.O., C.T.M.&H C.P.H. (commenced 6.5.53),

Chief Dental Officer—JOSEPH WHITEHOUSE, L.D.S.

Dental Officers—DONALD SKINNER, L.D.S., HENRY J. COOMBES, L.D.S., MRS. INA F. JONES, L.D.S.

Dental Attendants—MISS D. RIDDLE, MRS. B. PARKIN, MISS E. M. CESSFORD, MISS J. C. BARTON (resigned 13.10.53), MISS E. E. GRASS.

Dental Technicians—T. W. CURTIS, J. GILHOLME, S. M. COLE (apprentice)

Orthoptist—MISS S. HOLMES, D.B.O.

Health Visitors and School Nurses—C. ROBSON (Supt.), I. ROUSE, M. DAGLISH, D. C. JOHNSON, I. BRADLEY, E. WISE, M. CRAGGS, E. POWLEY, J. TURNBULL (commenced 15.6.53), S. W. ATKINSON, A. MULLEN (resigned 31.3.53), H. MCKENNA, E. SINCLAIR, K. O'DONNELL (resigned 31.3.53), R. GARDNER, S. GILLEY, L. RYLE (resigned 31.5.53), M. DAGG, N. M. BELL, E. BAXTER, M. FAIRS.

Open Air School Nurse—E. M. MAPLE.

Nursing Assistants—M. COATES, W. CRAIG, B. GIBSON.

Tuberculosis Nurses—E. FRY, J. HEATLEY.

Non-Medical Supervisor of Midwives—M. BOLAM.

Municipal Midwives—D. E. BELL, E. BENDIN, W. MAY, A. FALDON, L. OTTAWAY, S. POOLE, S. STEWART, M. DOBSON, L. WELSH, E. DOUGLAS, B. MENHAMS, E. TORRINGTON.

Matrons of Day Nurseries—L. DONNELLY, I. JACKSON, E. DAVISON, E. SMITH.

Supervisor of Domestic Helps—MISS E. POTTS (resigned 31.8.53), MRS. S. MAITLAND (commenced 1.10.53).

Assistant Supervisor—MRS. S. MAITLAND (until 30.9.53). MRS. J. McDONAGH (commenced 26.10.53).

Authorised Officers (Mental Welfare)—F. ASKEW (Senior), C. MITCHELL, A. GRAHAM, MISS A. OGDEN.

Clerical Staff—N. CRAIG, R. A. SUTTON, L. M. GRAY, MISS P. NEILSON, MISS E. JONES, MISS M. ATKINSON, MRS. M. WATSON, MISS A. LORIMER, MISS E. BROWN, MRS. M. SURTEES, MISS N. SCOTT, MRS. H. SCOTT, J. C. ATKINSON (resigned 24.1.53), B. STAVERS (commenced 30.3.53), MISS J. BARRAS (resigned 7.11.53), R. W. F. BRATTON, MISS J. DICK (commenced 5.8.53), MISS S. CORBITT (commenced 14.12.53).

Ambulance Officer—W. BARBER. *Deputy Ambulance Officer*—J. NESBIT.

Caretaker Health Centre—W. A. ROBB

*Continuing to serve part-time the Local Hospital Service.

2. STAFF OF SANITARY DEPARTMENT.

Chief Sanitary Inspector and Chief Inspector of Diseases of Animals—W. A. MEARS*†

Deputy Chief Sanitary Inspector—J. P. LAVENDER *†

Food and Drugs Inspector—G. CHARLTON*†

Housing Inspector—G. T. NEILSON *†

District Sanitary Inspectors—J. HIGGINS (Food Premises)*†; P. MCKENNA*†; W. GOODCHILD*† (deceased 16.9.53); O. BURNS*†; T. J. WESTGARTH*†; W. F. WILKINSON*†; R. W. THIRKELL*†; C. E. DAVISON*

* Sanitary Inspectors Certificate Royal Sanitary Institute.
† Meat and Food Inspectors Certificate, Royal Sanitary Institute.

Public Analyst—W. GORDON CAREY, F.I.C.

Clerical Staff—M. GRAY, H. GIBSON, N. ROBINSON, MRS. E. SUTTON.

Odorant Operators—H. FOSTER (Senior); T. RUTTER; J. BAINBRIDGE.

Disinfector—J. FREEMAN.

3. STAFF SHARED BY THE LOCAL AUTHORITY AND THE REGIONAL HOSPITAL BOARD.

Clinic Tuberculosis Officer (Chest Physician) and Medical Superintendent Whinney House Hospital—S. D. ROWLANDS, M.D., B.S., B.HY., D.P.H.

4. HOSPITAL STAFF GIVING SERVICE AT LOCAL AUTHORITY CLINICS.

Ophthalmic Surgeons—H. V. INGRAM, M.B., B.S., D.O.M.S., M.R.C.S., L.R.C.P. ; J. S. ARKLE, F.R.C.S.

Orthopaedic Surgeon—A. E. BREMNER, M.B., CH.B., F.R.C.S.

Dermatologist—T. PARKIN, M.B., CH.B., M.R.C.P.

Remedial Gymnast—T. MIDGLEY, M.S.R.G.

Clerks—Chest Clinic—B. ARMATAGE, MRS. K. SINCLAIR (commenced 2.2.53).

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF GATESHEAD.

I have the honour to submit the annual report on the health of Gateshead and the work of the public health department during 1953. This report has been prepared in accordance with the Sanitary Officers (Outside London) Regulations, 1935, at the instance of the Minister of Health. Inter alia, these Regulations prescribe the duties of a medical officer of health, which are broadly to inform himself respecting all matters affecting or likely to affect the public health, to advise the local authority on any such matters and finally to submit to the Minister and the Local Authority an annual report on the sanitary circumstances and the vital statistics of the area, along with any other matters which it is considered desirable to report, or upon which the Minister may require to be informed.

In Circular No. 1/54, the Minister of Health has asked for the report to be prepared along these general lines, with the inclusion of a special reference to the preventive, care and after-care services as a means of controlling tuberculosis, a report by the senior dental officer covering the treatment of nursing and expectant mothers and pre-school children and information as to the facilities available for epileptics and spastics in the area. The Minister also requested that the progress of the clean food campaign should be described in the report.

The situation of Gateshead in respect of all these matters is given in full under the various headings of this report, but experience has shown that the statistical details and the relevant commentaries are mainly of interest to those who are professionally associated with matters of health. In recent years, therefore, an attempt has been made to preface the annual report with a general statement highlighting and emphasizing some important aspects of the conditions affecting the health of the people of Gateshead.

How then did Gateshead emerge in 1953 as compared with previous years? Most of the vital statistics for the year are extremely satisfactory, but there must be a feeling of chagrin that the population of the town continues the decline which was first evident in the years 1925-1931. In spite of a constantly recurring surplus of births over deaths, the town has lost 10,000 of its population in 24 years. To this most important feature further reference must later be made. The general death rate was one of the lowest in the history of the Borough and the infantile mortality rate the lowest ever recorded. Mortality from tuberculosis has very substantially declined, while mortality from infectious disease and from childbirth have become almost negligible. On the other hand, adverse statistics which are still only too evident are the steady high incidence of tuberculosis, the constant high level of cancer mortality and the unbalanced age-distribution of the population. These important factors have a great bearing on the type and extent of the hospital facilities which are required for the townspeople, the emphasis in each case being on the provision of suitable long-stay institutional accommodation.

By far the most important prejudicial influence on the health and welfare of the people of Gateshead, who are now enjoying the benefits of full employment, is the insoluble nature of the housing problem. It is very easy to lament the short-sightedness of the nineteenth century industrialists and the Victorian complacency which fostered the mushroom growth of huge congested and ill-planned industrial areas, such as Tyneside of which Gateshead forms a very important part. That many of the Gateshead houses built over 100 years ago are approaching the end of their useful life must be apparent to any observer. Indeed, a number of areas in the town, comprising altogether 4,117 houses, were considered fit only for demolition and clearance in the four years before the war, when slum clearance was an actively pursued policy of the Local Authority. These houses, now none the better for the enforced prolongation of their use as dwellings, still remain to be demolished and the displaced tenants to be rehoused in the years to come. A sanitary survey of 1952 showed that 11,431 other houses were worthy of consideration for the execution of repairs designed to prolong their present habitability for some years and that 4,673 houses merited more extensive alterations designed to render them in all respects permanently habitable. This is to say that of roughly 32,000 dwelling houses in Gateshead something like 20,221 are below modern standards of habitability. To equip even the 4,673 houses that are capable of improvement with internal toilet and bathroom facilities will be a major task to be undertaken in the future. Incidentally 4,874 houses, roughly one seventh of the houses in the Borough had been provided by municipal building.

Although this situation is in itself already bad enough, the picture is further complicated by the amount of sub-letting and sharing of accommodation, both in fit, sub-standard and slum clearance houses. By the 31st March, 1954, 8,418 applications for houses previously lodged with the housing department were still outstanding. The housing committee has been attempting to give priority in rehousing to families that most urgently need new houses, using the principle of allotting points for such factors as size of family, overcrowding and the existence of tuberculosis, and dealing with the claimants in the order of lodgings their applications. It is sufficient to say that at the end of 1953 the Council had only succeeded in rehousing the families with the highest number of points among the applicants of the years 1944 to 1949. Some idea of the numbers of applications outstanding in relation to the years in which they were first made can be gathered from the following table :—

**Outstanding Applications in respect of Families for
Rehousing to March, 1954.**

1944—6	.....	.....	.....	1753
1947	.....	.....	.....	634
1948	.....	.....	.....	837
1949	.....	.....	.....	1075
1950	.....	.....	.....	953
1951	.....	.....	.....	933
1952	.....	.....	.....	927
1953	.....	.....	.....	881
1954 (to March 31st)	.....	.....	.....	425
				8418

In addition to these there are 698 outstanding applications for rehousing by single aged persons.

Between the wars, the building of houses to let has become the accepted field of local authority activity, and the erection of houses for sale the field of private enterprise. Since the war local house-building operations have been virtually confined to the housing schemes of the local authority, and at the end of 1953, 2,277 new houses had been built and occupied, and only 262 families from single unfit dwelling houses, the subject of Closing or Demolition Orders, have been rehoused. The present housing position of the Borough is well illustrated in the accompanying plan.

It has frequently been stressed in previous reports that the Borough, one of the most congested in the country, with 113,500 inhabitants housed in an area of 4,470 acres, is in fact a completely built-up area, and that some extension of the Borough is vitally necessary to try to cope with the pressing housing needs of the community. In the spring of 1953, the Gateshead Extension Bill was promoted to incorporate 829 acres of undeveloped land adjacent to the south-eastern parts of the Borough and territorially in the area of Felling Urban District Council, a local sanitary authority of Durham County having an area of 3,405 acres for a population of 26,020 persons. This land would have provided 3,700 houses for 13,000 people of Gateshead. Unfortunately, all the cogent arguments about overcrowding, bad housing and the desperate plight of Gateshead urged in favour of the Bill were offset by the strong opposition jointly expressed on behalf of both Durham County Council and the Felling Urban District Council. Broadly, the proposed extension of Gateshead was alleged to be an urban sprawl, while under the auspices of the objectors the Gateshead overspill would be organised as a neighbourhood unit properly integrated and served by them. It was not clear how and when the task of digesting the Gateshead overflow would be done. The House of Lords Select Committee which heard the evidence and the promises made were not persuaded to grant the full extension asked. All that Gateshead achieved was the inclusion within the borough boundary of a small area of 89 acres upon which Gateshead Council had already built some 244 houses and proposed to build a further 422. This failure of Gateshead to secure living space for its inhabitants must extinguish all hopes of the Borough being able to solve its own housing problems. The town is unable to cope with applications for rehousing based on overcrowding, to house satisfactorily many families infected by tuberculosis and cannot even make a start with the slum clearance schemes now so long delayed. There is no legal power to force any local authority to provide for the housing needs of adjoining authorities.

One hears of legislation which is contemplated to provide for a national attack on this difficult problem of housing. It is said that the number of new houses built in England and Wales each year is in the region of 300,000, thus affording a bright prospect of catching up with the ground lost during the wars. It is suggested that local authorities should take over and manage, with financial assistance from the Government, the houses earmarked for demolition, patching up for a few years

until the policy of clearance can be implemented. It is provided that it will be made financially possible to improve the many sub-standard houses in the country with the aid of government assistance and a permitted increase of rent. As seen from London, this may sound a very happy and hopeful contribution to the solution of a vexing situation. As viewed from Gateshead the proposals offer no satisfactory solution to the local impasse. The Local Authority would, as a result, be saddled with the ownership of some 4,000 houses at present fit only for demolition which would require a period of at least 13 years to complete, always assuming that the land had been made available and that by the end of that time 4,000 houses had been built for the displaced tenants. These assumptions would mean that the needs of the area in abatement of overcrowding and congestion should be set aside for the 13 years it would take to build 4,000 houses. It is, however, quite impossible for Gateshead to build 4,000 new council houses within the extended Borough, as there is not the land available, quite apart from such considerations as the rate-burden, the availability of a labour force and the supply of housing materials. Nor could one defend the policy of building new houses solely for rehousing displaced tenants of unfit dwelling houses and of ignoring the needs of many families developing and growing in the sublet rooms of relatives and other persons. It is certain that the unfit dwellings of Gateshead will take much longer than 13 years to replace and that they will have to be continually patched up to a very low standard of habitability by a local authority fully aware that the financial outlay may constitute a serious and wasteful additional burden. Locally then, the national achievements in the improvement of house building and national proposals in respect of unfit dwelling houses can only be viewed with grave misgivings. House building is certainly going on rapidly in areas remote from Gateshead where slums are non-existent so that it is comparatively easy to secure the tenancy of a municipal house. It is very relevant, therefore, to suggest that a large and increasing number of new houses built each year does not represent a truly effective contribution to the housing problem if the houses are not built in the proper places, *i.e.*, in the areas that need them.

To visualise the future, one must quote an actual instance of the Gateshead difficulties, one of a great number. A Gateshead man, blacksmith, married in 1949 and went off to do his military service leaving his wife with her parents. On his demobilisation in 1951, he returned to Gateshead and resumed married life with his wife and a child taking up residence in two small sublet rooms and at the same time putting in an application for a new house. This ex-soldier and his wife now in 1954 with a family of two children and expecting a third, find that they have no prospect whatever of seeing their housing needs fulfilled in Gateshead, as they are well down the waiting list. When the housing difficulty was fully explained to him, his immediate and obvious decision, made on the spot, was that he would seek both work and home outside the area. This case exemplifies a position becoming increasingly obvious to many young persons and families resident in Gateshead. Their only hope of a home of their own is to emigrate from the town to some other more fortunate area. One wonders then if there is any purpose to be served in continuing to accept applications for council houses when it is perfectly obvious that the majority can never be

satisfied in the life-time of the applicants. It would be much kinder to advise them to accept the obvious and seek their future happiness elsewhere.

Failing some drastic intervention, the future of Gateshead must be to dwindle in population to about 80,000 inhabitants, losing population each year to an extent much greater than the natural increase, and this in spite of the abundant facilities for productive employment in the old heavy and new light industries of Tyneside. Is there any possible antidote to such a gloomy outlook for a town? One possibility is based on the known fact that there were many empty houses in Gateshead before the first world war when the population of Gateshead was roughly 20,000 persons and only 26,500 dwelling houses were listed in the town, whereas today there are only 113,500 persons and some 32,000 dwelling houses. Part of the explanation is to be found in the greater average size of the Edwardian family as compared with the Elizabethan, but from daily observations made through the domiciliary health services of Gateshead very many instances come to light of single persons and aged couples living alone in houses that are large enough to house an average sized family of today in comfort. If slum clearance were actively pursued, the need for simple types of dwellings designed for aged couples and single persons would become apparent at once. For instance, in the largest slum clearance area involving 972 separate tenancies, no less than 195 persons occupying houses are single aged persons living alone. This feature is common in many of the other owner-occupied and rented houses of the Borough. It would then be wise and economical to build for the rehousing of these single or married aged persons in small flats and release their larger houses for the benefit of overcrowded sub-tenants with families rather than to leave them and build for the families. The Council, however, has no powers to supervise or enforce a decantation designed to make the larger houses available for the families that need them. It will, however, have to do some building to make provision for these single persons who live in clearance areas, and there seems no reason why this provision should not be further expanded.

Yet when the situation is fully considered, this kind of help towards the solution of a local housing problem is far from adequate. In Gateshead the ultimate solution depends on the availability of land to build new houses. A projected small extension of the Borough having failed, future hopes must be placed in an urgent replanning of local government so as to provide for a new housing and local government area including Gateshead and its adjoining urban districts and the large tract of undeveloped land lying to the south of Felling, Gateshead and Whickham. From the housing point of view this is necessary to provide for the natural expansion of an important industrial area like the Borough, which, already limited in the north by the river, has been hemmed in by the authorities round its boundary. The advantage of this suggested new local government area centred on Gateshead would lie in the pooled resources of a new area with a population of nearly 200,000 people with a great community of interest. This area would be able to provide for itself much more efficiently and economically in matters of education, health, housing, roads and many other public services. The functions

carried on by the Gateshead Hospital Management Committee and the Gateshead Executive Council could then be transferred to a truly local all purpose democratically elected self-contained authority responsible directly to the citizens for the provision and performance of all the public services which should be locally managed. Although it is rather a paradox that the area suggested as a local government unit would be not very dissimilar from the area of the former Gateshead Board of Guardians which were abolished in 1929, it could quite well serve as a pattern for future remodelling of other local government areas.

In conclusion I would like to state that the work detailed in the report could not be accomplished without the willing and loyal co-operation of the professional, nursing and clerical staff of the departments. To all of them I would express my thanks and, in particular, would mention the excellent services of my Deputy, Dr. M. B. Herbst, the Chief Sanitary Inspector, Mr. W. A. Mears and the Chief Dental Officer, Mr. J. Whitehouse. I am also to thank the Gateshead Health Committee and its Chairman, Alderman P. S. Hancock, for their understanding attitude and steadfast support during a very busy year.

Your obedient Servant,

JAMES GRANT,

Medical Officer of Health

PART I. — NATURAL AND SOCIAL CONDITIONS OF THE BOROUGH.

A. General Remarks.

While the town in 1953 maintained a record of full employment and the material benefits that accompany it, it cannot be said that the present state of the town and still less its future can be contemplated with any feeling of satisfaction. Housing remains the great problem, and the failure to solve the housing problem is the root cause underlying many other social problems, not to speak of much of the unhappiness in the family life of the townspeople.

The effort to find land to build the houses necessary for the Gateshead population by extending the Borough largely failed, so that if the people of Gateshead have to rely on municipal activity to provide them with a satisfactory separate home for each family then they are doomed to complete disappointment. It is simply not possible to build the huge number of houses required for the clearance of slum areas, namely, 4,210, within the curtilage of the now extended Borough. There is, then, no hope at all of the improvement in upgrading of the 4,673 houses which are reckoned to be sub-standard largely because they are not fitted with modern amenities such as a bathroom and internal lavatory.

An effort to solve the housing problem has begun in the planning of blocks of flats of many storeys in the hope of supplying some of the housing needs that oppress the town. Locally, the outcome of this experience is eagerly awaited, and if successful no doubt the pattern of housing in the northern aspect of the Borough will change considerably.

The maintenance of full employment in Gateshead is coupled with the continuation of many married women at work, some of these having also family responsibilities. This aspect of modern social life is not confined solely to Gateshead, nor is the associated problem of the gradual ageing of the population, which results from an increased expectation of life coupled with a continuously low birth rate. The number of persons over 65 years of age forms a growing proportion of the local population, and although many are able to maintain themselves by productive employment there is a steadily increasing demand on the local hospital, health and welfare services for the assistance necessary in cases of illness and physical and mental decline.

All the local industries, including those situated on the Team Valley Trading Estate appear to be in a flourishing condition.

Accidents.

Attention has recently been directed to the prevention of accidents, particularly those which occur in the home. As these normally come to notice only when they are fatal it is difficult locally to illuminate the problem. Some information may be gathered as to the site of the accidents from an analysis of the emergency calls on the ambulance service during the year. In 1953, the ambulance service was called

into action to remove patients from the streets in 590 instances, to remove patients in emergency from their homes in 225 instances and to remove patients from work in 382 instances. While these figures may include emergency illness such as collapse through a cardiac attack or some other circulatory catastrophe, they do show that the burden of accidents of all kinds occurs out of doors. This is somewhat different from an analysis of the fatalities from accidents and similar misfortunes which have been analysed in this report in relation to the causes of death.

B.—Climatic Conditions.

The statistics of the Borough meteorological station situated in the Sheriff Hill Hospital grounds are reproduced in the accompanying table, the daily readings being taken at 9 a.m. by the hospital engineer, who acts as the observer at the station.

The serious atmospheric pollution in the Borough is also studied by means of recording apparatus, and the results of these measurements are given in the sanitary inspector's report.

C. Social Conditions.

Unemployment.

Through the kindness of Mr. J. O'Dair, the Manager of the Windmill Hills Employment Exchange, I am able to give the unemployment statistics at the end of 1953. There were then 925 men, 440 women, 25 boys and 19 girls registered as unemployed, a grand total of 1,409. This figure has to be compared with 1,979, the number of unemployed at the end of 1952.

Registered disabled persons numbered 2,066 men and 294 women. Of these 221 were unemployed. 67 men and 2 women were severely disabled and suitable for work only under very special conditions. Approximately 47 men were employed in the Remploi Factory at the Team Valley Trading Estate at the end of 1953.

National Assistance.

The work of the National Assistance Board in the Gateshead area is summarised in the information reproduced through the courtesy of Mr. T. P. L. Bruce, the Board's area officer. 6,532 persons received assistance during the year. These were made up of 563 persons who were unemployed, 1,179 persons suffering from physical or mental illness, 3,225 retired contributory pensioners, 603 non-contributory old age pensioners and 962 others. The last group includes women who were separated from their husbands, or who have not earned a pension, together with a number of persons of both sexes over the pensionable age, who have to wait until they reach the age for entitlement to the old age pension.

National Insurance Sick Benefit.

A weekly return is received from the local offices of the Ministry of National Insurance, so as to spotlight any undue prevalence of illness. Unfortunately this return overlaps the area of the Borough by including Dunston. The number of fresh claims received rose swiftly in the

METEOROLOGICAL STATION — SHERIFF HILL HOSPITAL

Month	Temperature (Deg. Fahr.) in Shade				Rainfall		Sunshine hours		Mean Relative Humidity %	Ground frosts	Snowfalls
	Highest Max. °F	Mean Max. °F	Lowest Min. °F	Mean Min. °F	Mean °F	Total in inches	Dry days	Total	Max.		
January	52	43.3	26	35.3	39.3	.767	20	46.1	6.5	16	1
February	55	44.6	27	36.2	40.4	1.48	14	61.7	8.2	12	8
March	66	50.7	27	36.7	43.7	.04	29	162.5	9.5	14	—
April	62	48.4	29	36.7	42.6	1.7	15	141.3	10.7	12	—
May	75	58.5	36	45.7	52.1	2.514	19	186.2	13.1	2	—
June	72	58.9	39	48.5	53.7	2.42	18	106.4	11.3	—	—
July	71	63.2	48	52.3	57.7	2.448	11	153.1	10.9	—	—
August	86	65.9	48	52.4	59.1	4.158	16	162.1	12.8	—	—
September	75	61.8	43	49.8	55.8	1.395	9	128.4	11.2	—	—
October	68	54.8	35	43.2	49	1.271	15	100.3	8.6	—	—
November	58	50.6	35	41.8	46.2	.946	22	58.9	7.5	—	—
December	55	46.1	32	38.8	42.5	.734	19	40.2	5.5	2	—
Year 1953	86 (12th Aug.)	53.9	26 (5th Jan.)	43.1	48.5	19.873	207	1347.2	13.1 (2nd May)	58	9

The frequency of wind directions during the year was as follows :—

N 25, NE 19, E 17, SE 14, S 67, SW 60, W 89, NW 43.

beginning of the year to reach a peak with 955 claims at the end of February. The claims fell to 277 in the first week of April and thereafter varied between 495 in the next week and 577 in the first week of October. 610 claims were received during the middle of November and this figure dropped to 350 at the end of the year.

Welfare Services.

From the Director of Welfare Services, Mr. E. Waton, I have ascertained that at the end of the year there were 286 certified blind persons and 44 others under observation for serious deficiency of vision. There were also 121 persons who were deaf and dumb and a further 80 who were "hard of hearing".

In Fountain View Hostel there were 354 residents, as compared with 351 at the end of the previous year. It has been necessary to try and provide nursing facilities for the welfare of residents at Fountain View, due to the number who require medical and nursing care. There were also 16 tenants of the Beacon Lough Hostel, under the supervision of a warden, and 7 families totalling 36 persons in Holly House as a result of eviction from sub-let rooms.

Deprived Children.

Through the Children's Officer, Mr. R. A. Haysom, I have been supplied with the information that there are 267 children under the care of the Children's Committee, together with 44 children from the Borough who are in attendance at approved schools. 78 children are maintained in residential nurseries within the Borough and 37 at the Medomsley Cottage Homes. 98 children are boarded out, 14 are housed in the working boys' hostel and 15 in the working girls' hostel in Gateshead. The remaining 25 children are in voluntary homes, special schools and other residential communities in the country.

General Remarks.

As assessed by the appearance of nursing mothers attending the ante-natal clinics, and of babies and children inspected by the staff of the department, the nutrition of the people was satisfactory in 1953.

D. General Statistics of the Area.

Population (estimated by Registrar General 1953)	.....	.....	113,500
Population (estimated by Registrar General 1939)	.....	.....	116,600
Population of present Borough (Census 1931) (includes added area)	.....	.....	124,545
Population of present Borough (Census 1951)	.....	.....	115,039
Area of Borough (in acres)	.....	.....	4,470
Number of Inhabitated Houses (Valuation Lists)	.....	.....	33,076
Density of Population per acre	.....	.....	25.4
Number of persons per Inhabitated House	.....	.....	3.4
Rateable value at 1st April, 1953	.....	.....	£633,103
Sum represented by penny rate	.....	.....	£2,470
Rate in the £ levied in 1953—1954	.....	.....	22/-

Vital Statistics for 1953.

Live Births		Males.	Females	Total	Rate.
Legitimate	.....	972	994	1966	
Illegitimate	.....	38	29	67	
Totals	.....	1010	1023	2033	17.9 per 1,000 of population (area comparability factor 0.98)

Still Births.

Legitimate	.....	23	28	51	
Illegitimate	.....	1	—	1	
Totals	.....	24	28	52	0.4 per 1,000 of population.

Deaths		709	591	1300	11.4 per 1,000 of population (area comparability factor 1.16)
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Excess of births over deaths		301	432	733	
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Infantile Mortality.

Legitimate		37	29	66	33.5 per 1,000 live legitimate births.
Illegitimate	.....	—	1	1	14.9 per 1,000 live illegitimate births.
Totals		37	30	67	32.9 per 1,000 live births.

Maternal Mortality.

a. Abortion		—	1	1	0.47 per 1,000 total births.
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Deaths from Tuberculosis.

a. Pulmonary		20	9	29	0.25 per 1,000 of population.
b. Non-pulmonary		1	2	3	0.02 per 1,000 of population.
c. All forms	.....	21	11	32	0.27 per 1,000 of population.

Deaths from Epidemic Diseases.

	Males	Females	Total
Scarlet fever	—	—	—
Diphtheria	—	—	—
Measles	—	—	—
Whooping cough	1	1	2
Diarrhoea infantile	—	1	1

Total zymotic deaths	1	2	3	0.02 per 1,000 of population.
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Deaths from Cancer.	135	92	227	2.0 per 1,000 of population.
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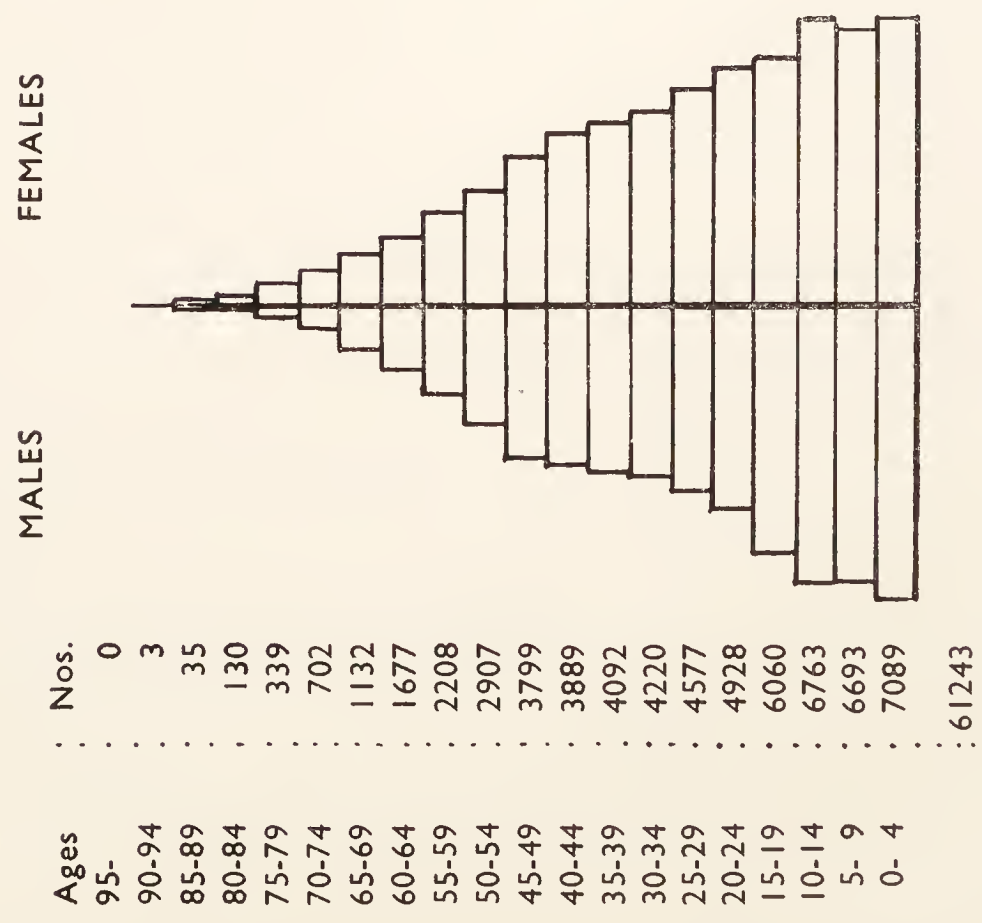
Population.

The population estimated by the Registrar General in 1953 again shows a decline, in spite of the excess of births over deaths of 733. The decline of population in Gateshead is a continuing process and can only be accounted for by emigration from the area. The trend is certainly not due, as previously thought, to the necessity to seek work in other districts, as the employment figures show very little unemployment in the area. It is considered that the housing difficulties of the town are at the root of this movement of population.

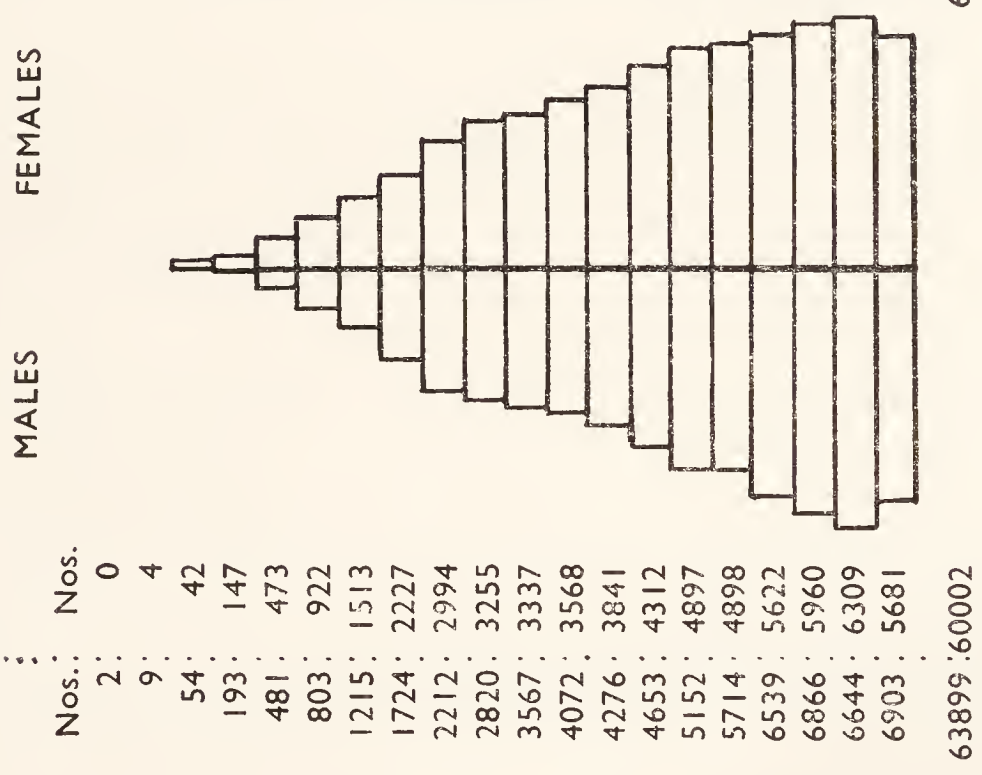
The age distribution of the population in 1951 has now become available and it has therefore been possible to construct the attached diagram to illustrate graphically the change in the structure of the population. It will be noted that the diagram in 1921 is roughly a broad-based pyramid, that the diagram appropriate to the census of 1931 shows some contraction of the base, and most important of all, that the diagram appropriate to the census of 1951 shows a tendency to the formation of a column in which the base is still fairly broad and the structure, so to speak, fairly stable. The diagram does, however, clearly show a growing number of the population who are 75 years of age and over. With few exceptions these are inclined to be dependent on the younger members of the community, and the proportion they bear to the whole community is a measure of the increasing load. In 1921 persons over 75 numbered 1,146, or .9 per cent of the community, in 1931 1,649 or 1.3 per cent of the community, and in 1951 3,248 or 2.8 per cent of the community. It is probably this change of age distribution which accounts for the increasing numbers of retired contributory pensioners who require national assistance. Many problems arise from this change in age distribution, such as the ever increasing demand on the welfare and social services of the community. Hospital beds for this class of the community are inadequate now and will grow progressively more scarce in relation to the demand. A similar state of affairs will apply to the need for hostel accommodation under the welfare scheme, and even when the elderly are kept at home it will be necessary to supplement the home resources by a continually expanding home help and domiciliary nursing service. All of these measures are of course a reflection of a growing burden on the community and a projection of the age distribution of the population to the next census of 1961 will no doubt show a position that will have markedly deteriorated to the extent of producing a diagram with a narrow base and top-heavy superstructure. The broad base of 1951 is actually due to the large increase in the birth rate that followed the end of the war, and it will be noted that the birth rate in 1953 has resumed the low level at which it was more or less stabilised in the years before the war.

It is rather amazing that the improvements of the public health in the last thirty years should be responsible for a position which will cause in the long run a social cataclysm of the first magnitude, for Gateshead is probably only typical of the nation as a whole. Already there is an awareness on the part of public authorities of the danger presented by the age distribution of the population, and a movement has been stimulated to continue the elderly people at productive work. Even this policy can only be palliative, for what is wanted is a return to the natural distribution of the population, and this is dependent on a raising of the birth rate. As births are a function limited to women of child-bearing years it is important to note that in 1921 they numbered 30,406, or 24.3 per cent of the population, dwindling to 29,130 or 23.8 per cent of the population in 1933 and in 1951 26,044 or 22.6 per cent of the population. A study of the diagram would suggest a continuation of this decline in numbers and proportion, so that it appears to be necessary now to correct the trend of the birth rate if matters are to be remedied.

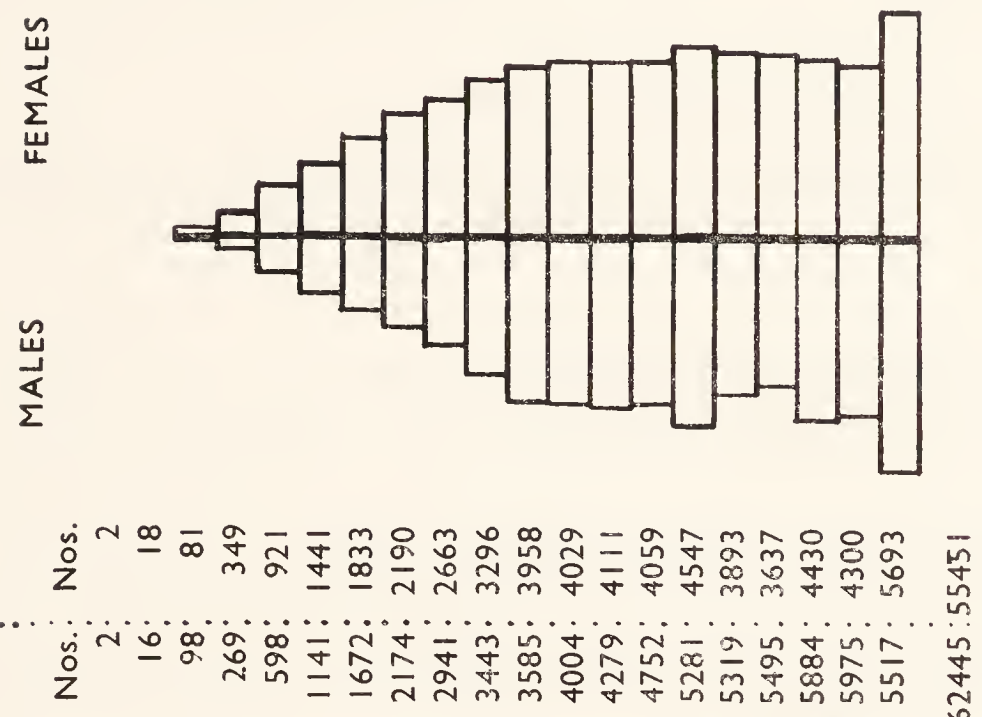
CENSUS 1921



CENSUS 1931



CENSUS 1951



POPULATION 125,142

BIRTH RATE 29.8

DEATH RATE 14.4

INFANT MORTALITY RATE 106

122,447

20.0

13.8

100

115,039

19.0

13.2

43.9

Births.

The birth rate in 1953, 17.9 per 1,000 of population, is slightly more than in 1952, when the rate was 17.3, and it is comparable with a national rate of 15.5 in 1953 and a rate applicable to the great towns of 17.0.

The stillbirth rate of .4 per 1,000 of the population is a slight improvement on 1952, but it is higher than the national rate and the rate of the great towns.

Deaths.

The death rate of 11.4 continues an improvement which began in 1951, when the figure was 13.2. It is the same as the national rate in 1953 and slightly lower than the rate of the great towns which is 12.2.

In 1953 the infantile mortality rate was 32.9 per 1,000 live births, the lowest ever recorded in the Borough. The previous best infantile mortality rate was 39 in 1948. This figure, however, is still high, for the national infantile mortality rate was 26.8 and the rate of the great towns 30.8.

The principle causes of infantile mortality were :—

Notifiable infectious diseases : (Meningococcal disease 1 whooping cough 2)		3
Pneumonia (9), bronchitis (1)		10
Enteritis and other digestive disorders		4
Influenza		2
Prematurity		16
Congenital malformations		13
Haemolytic disease		2
Haemorrhagic disease		2
Inadvertent asphyxia		4
Intracranial haemorrhage		4
Other causes		7

Pneumonia and prematurity stand out as the causes of infantile mortality in Gateshead that ought to be reduced. Yet it is good to note that the number of deaths due to prematurity were approximately half the number recorded in 1952.

So far as the general population was concerned, the killing diseases were :—

Diseases of the Heart and Circulation (heart disease 411, vascular lesions of the nervous system 177, other circulatory disease 53)		641	(49.3% of total deaths).
Cancer		227	(17.4% of total deaths).
Pneumonia and other respiratory diseases		139	(10.6% of total deaths).
Tuberculosis (all forms)		32	(2.4% of total deaths).
Influenza		16	
Ulcer of stomach and duodenum		6	
Nephritis		9	
Diabetes		6	
Syphilis		6	
Notifiable infectious disease (meningococcal infections 3, acute poliomyelitis 1 whooping cough 2)		6	
Suicide		11	
Motor accidents		9	
All other accidents		35	

786 of the deaths occurred in persons over 65 years of age, that is 60.4% of the total deaths. The average age at death was 63 years, as compared with 61 years last year.

There was one maternal death from abortion in 2,085 live and still births.

The zymotic disease death rate continues to be low, and the tuberculosis death rate is the lowest ever recorded. This is in contrast to a continuation of high notification figures relating to this now the most important of the communicable infectious diseases.

The cancer death rate of 2.0 is the same as that of last year.

The deaths from cancer are analysed below :—

Age Distribution.					<i>Males</i>	<i>Females</i>	<i>Total</i>
0—15 years	..	..	.....	.....	1	1	2
15—25 years	...	.....	.....	.....	1	1	2
25—45 years	.....	.....	.....	.....	5	13	18
45—65 years	.....	.....	.....	.....	56	33	89
65—75 years	.....	.....	.....	.....	45	18	63
75 years and up	.....	.....	.....	.....	27	26	53
					135	92	227
Site of the Disease.							
Larynx	.....	.....	.....	.....	3	—	3
Maxilla	.....	.....	.....	.....	1	—	1
Lip	.....	.....	.....	.....	2	—	2
Tongue	.....	.....	.....	.....	1	—	1
Mouth	.....	.....	.....	.....	2	1	3
Throat	.....	.....	.....	.....	—	1	1
Oesophagus	.....	.....	.....	.....	6	—	6
Stomach	.....	.....	.....	.....	26	15	41
Intestine (small)	.....	.....	.....	.....	—	1	1
Caecum, colon	.....	.....	.....	.....	12	8	20
Rectum	.....	.....	.....	.....	15	10	25
Gall Bladder	.....	.....	.....	.....	1	2	3
Liver	.....	.....	.....	.....	3	1	4
Pancreas	.....	.....	.....	.....	2	5	7
Peritoneum	.....	.....	.....	.....	1	—	1
Lung, bronchus	.....	.....	.....	.....	35	6	41
Breast	.....	.....	.....	.....	—	17	17
Cervix Uteri	.....	.....	.....	.....	—	9	9
Ovary	.....	.....	.....	.....	—	3	3
Vulva	.....	.....	.....	.....	—	—	—
Prostate	.....	.....	.....	.....	7	—	7
Testis	.....	.....	.....	.....	1	—	1
Kidney	.....	.....	.....	.....	3	2	5
Bladder	.....	.....	.....	.....	2	1	3
Brain	.....	.....	.....	.....	1	2	3
Other and unspecified sites	.....	.....	.....	.....	11	8	19
					135	92	227

Attention has been concentrated on the apparent increase of cancer of the lung, which is thought to be a reflection of the inhalation of smoked polluted air. Currently, attention has been directed to the fumes produced by tobacco, particularly when used in the form of cigarettes, and

also to the atmospheric pollution over the large industrial areas of the country. It is therefore of interest to summarise the local experience of mortality from lung cancer, which is given in the table below :—

<i>Year</i>	<i>Total</i>	<i>Year</i>	<i>Total</i>	<i>Year</i>	<i>Total</i>
1953	41	1947	33	1941	18
1952	43	1946	18	1940	12
1951	31	1945	17	1939	16
1950	40	1944	13	1938	10
1949	23	1943	17	1937	5
1948	29	1942	20	1936	8

Since 1946, out of 258 deaths from cancer of the respiratory tract 204 were of males and 54 of females, an argument in favour of a causal relation between smoking and cancer.

There can be no doubt as to the more frequent ascertainment of cancer of the lung in Gateshead than say 20 years ago, but one is left with the feeling that the apparent increase is almost entirely due to better diagnostic methods and also to the use of newer antibacterial compounds. In this more accurate diagnosis, the very extensive use of x-ray facilities for the diagnosis of chest conditions has played a great part. Probably many of the deaths that occurred over 20 years ago were certified as being due to pneumonia which was the terminal complication, and which nowadays, under treatment by antibacterial drugs, clears up to expose the underlying growth on radiographic examination.

Whether cancer of the lung has increased or not is an academic question, but the fact is that today it is a major cause of death, particularly among males, and any effort to reduce atmospheric pollution would seem to be very much worth while.

Deaths from Accidents.

Some notice must be taken of the deaths presumed to be due to accidents in Gateshead. The figures seem to be fairly stationary, for in 1938 and 1939 there were 43 and 52 deaths from accidents respectively. In the last four years, the annual figures have numbered 49, 43, 41 and 44, although the number of road accidents has been reduced from 16 in 1950 to 6 in 1952 and 9 in 1953. An attempt has been made to study the details of these accidents in 1953, for many of these fatalities are preventable. Deaths from accidental falls numbered 18. In 14 instances the fall was in the home or its curtilage, in one it took place at work and in 3 it took place on the street. The fatal falls at home included 13 persons over 65 years of age in whom death occurred as a complication to the injuries received in the fall. In 2 of the 3 accidents which occurred outside the home the patients were elderly and the injury was followed, as in the home accidents, by the development of pneumonia. One child of 6 fell from a playground slide.

Four persons died of burns, 3 from accidents in the home and one from an accident at work. The fatal burns in the home related to a 2-year old child who fell against the fire and two persons of 63 and 75 years of age respectively who also fell against the fire. Asphyxia was a cause of death in four infants, all younger than 9 months. In 2 cases

there was over-laying, in one there was inhalation of vomit, and in the fourth there was an accidental fall into a bucket of water. Fatal poisoning was due to the presumed accidental swallowing of Spirits of Salt in the home. A woman of 58 years was electrocuted at home when using an electric iron. Carbon monoxide poisoning accounted for one death of a man at work. One rail accident concerned a railway employee who was struck by an engine, and there were 11 fatalities arising from wheeled traffic on the road. In 7 of these instances the victims were pedestrians of whom 4 were adults aged 54, 64, 66 and 74 years respectively, and 3 children aged 2, 3 and 4 years respectively. One victim was a cyclist aged 13 years and one a motor-cyclist aged 29 years. One victim was a passenger in a motor vehicle, aged 18 years, and a child aged 5 years on a tricycle lost control and was killed. Three other persons, aged 34, 54 and 78, were found drowned. In summary, then, there were 23 fatalities arising out of domestic occurrences, 4 arising from accidents at work and 17 arising from events outside the home.

The analysis does show the risk to which the elderly are exposed as a result of injuries sustained accidentally and it also illustrates the necessity for better supervision over the pre-school population, both in the home and at play.

Commentary on 1951 Census relating to Gateshead as included in the Report on Durham County (1954).

The County Borough of Gateshead with its decline of population from 1931 is the most prominent area showing the decrease of population which is applicable to the whole administrative county but most marked on Tyneside. In the southern areas, such as Stockton and Darlington, the populations showed an increase.

Gateshead, with a census population of 115,039, contained 32,699 separate dwellings with an average of 3.66 rooms per dwelling and 16.9% of these containing 1 or 2 rooms only. The County averages were 3.97 rooms per dwelling and 11% of 1 or 2 rooms. Population density in Gateshead was 25.7 persons per acre as against the average for the Durham County Boroughs of 19.6 persons per acre. In Gateshead, 6.6% of households shared a dwelling, 21.1% of households occupied 1 or 2 rooms only and there was an average of 3.41 persons per household. Density of occupation in Gateshead was .97 persons per room : 26.7% of population lived in a density of over 1.5 persons per room and 9.5% in a density exceeding 2 persons per room. These last figures relating to density of housing occupation were the worst in Durham County as a whole although approached by South Shields, Sunderland, Felling, Hebburn, Jarrow and Bishop Auckland. They are apparently the worst figures for England and Wales but are exceeded by certain Scottish areas.

Gateshead's population was distributed as follows :—

0—4 years	9.6%
5—14 years	14.8%
15—44 years	43.7%
45—64 years	22.7%
over 65 years	9.2%

The sex ratio was 1,075 females to 1,000 males.

Of the Gateshead population of 115,039, 113,597 lived in private households, leaving 1,442 otherwise accommodated, mainly in hospitals and similar institutions.

The 32,699 separate dwellings of Gateshead were made up of 392 single-room dwellings, 5,192 dwellings of 2 rooms 10,861 of 3 rooms, 9,498 of 4 rooms, 4,038 of 5 rooms, 1,698 of 6 rooms, 599 of 7 rooms, 364 of 8 or 9 rooms, and 57 of 10 or more rooms. Vacant dwellings numbered 284 furnished and 285 others. In these dwellings, 117,533 rooms were occupied and 1,067 furnished but vacant.

809 separate dwellings were occupied by 2 private households and 162 by 3 or more private households.

In 1,045 single households occupying single rooms, there were 2,389 persons. In 5,982 households occupying 2 rooms, there were 17,657 persons and in 10,879 households occupying 3 rooms, there were 35,637 persons. Expressed in percentages single households were disposed 3.1% in single rooms, 17.9% in 2 rooms, 32.7% in 3 rooms and 46.3% in 4 or more rooms.

Among these there were 2,210 households sharing dwellings ; 663 households of 1,502 persons occupied a single room, 978 households of 2,684 persons occupied 2 rooms and 348 households of 1,113 persons occupied 3 rooms. In the households sharing dwellings the average occupancy was 1.31 persons per room as against .97 the average for all dwellings.

So far as domestic amenities are concerned, out of 33,347 private households in Gateshead, only 14,162 had the exclusive use of a bath, water closet, sink, stove and piped water supply, while 11,551 enjoyed the exclusive use of these amenities without the exclusive use of a bath.

The Social Class distribution of occupied males over 15 years in Gateshead was as follows :—

Class I (Professional occupations)	684 (1.7%)
Class II (Intermediate „)	3532 (8.9%)
Class III (Skilled „)	21907 (55.2%)
Class IV (Partly skilled „)	5955 (15.0%)
Class V (Unskilled „)	7636 (19.2%)

F. Ward Statistics. (Based on Estimated Ward Population).

Wards	Estimated popula- tion	Birth rate	Death rate	Infantile mortal- ity	Tuber- culosis death rate	Cancer death rate	Respir- atory death rate
North	7,265	29.1	14.5	37.7	.41	2.20	2.47
North-east	5,406	24.9	8.3	29.6	.73	.73	1.29
North-west	12,476	24.3	11.6	32.8	.40	2.00	1.60
Central	10,183	15.8	11.6	18.6	—	1.57	1.76
East central	8,438	25.3	12.7	37.3	.23	2.13	1.65
South central	11,251	8.2	11.9	10.7	.26	2.48	.44
West central	9,842	16.6	11.1	42.6	.30	1.42	1.32
East	15,841	17.4	12.2	50.7	.31	1.83	1.19
South	16,794	14.9	10.0	19.9	.23	2.38	.59
West	16,004	13.9	10.6	31.3	.17	2.31	.93
	113,500	17.9	11.4	32.9	.28	2.00	1.22

G. Statistical Rates for the last Ten Years.

	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944
Population	113500	114600	114700	115500	114910	115100	113580	112210	105560	104440
Births—										
Uncorrected Number	2353	2224	2392	2338	2330	2514	2744	2533	2010	2127
Net Number	2033	1993	2185	2117	2265	2439	2756	2614	2097	2219
Birth rate per 1000 population	17.9	17.3	19.0	18.3	19.7	21.1	24.2	23.3	19.9	21.2
Deaths—										
Registered	1372	1402	1554	1502	1497	1270	1398	1308	1308	1377
Crude Rate	12.0	12.2	13.5	13.0	13.0	11.0	12.3	11.6	12.3	13.3
Transfer, out	181	195	182	188	159	66	48	55	63	80
Transfer, in	109	143	148	144	106	112	123	133	121	144
Net Number	1300	1350	1520	1458	1444	1316	1473	1386	1366	1436
Death Rate per 1,000	11.4	11.7	13.2	12.6	12.5	11.4	12.9	12.3	12.9	13.3
Infantile Mortality—										
Deaths	67	82	96	101	110	96	152	147	118	127
Rate per 1,000 live births	32.9	41.1	43.9	47.7	48.0	39.0	55.0	56.0	56.0	54.4
Maternal Death Rate per 1,000 total births	0.47	Nil	1.34	0.46	Nil	0.08	0.35	1.48	2.31	3.9
Tuberculosis Death Rate	0.27	0.42	0.5	0.64	0.87	1.01	0.96	0.85	1.18	1.3
Zymotic Death Rate	0.02	0.02	0.06	0.17	0.17	0.14	0.33	0.22	0.18	0.3
Cancer Death Rate	2.0	2.0	1.79	1.93	1.89	1.7	1.78	1.6	1.88	1.8

County Borough of Gateshead

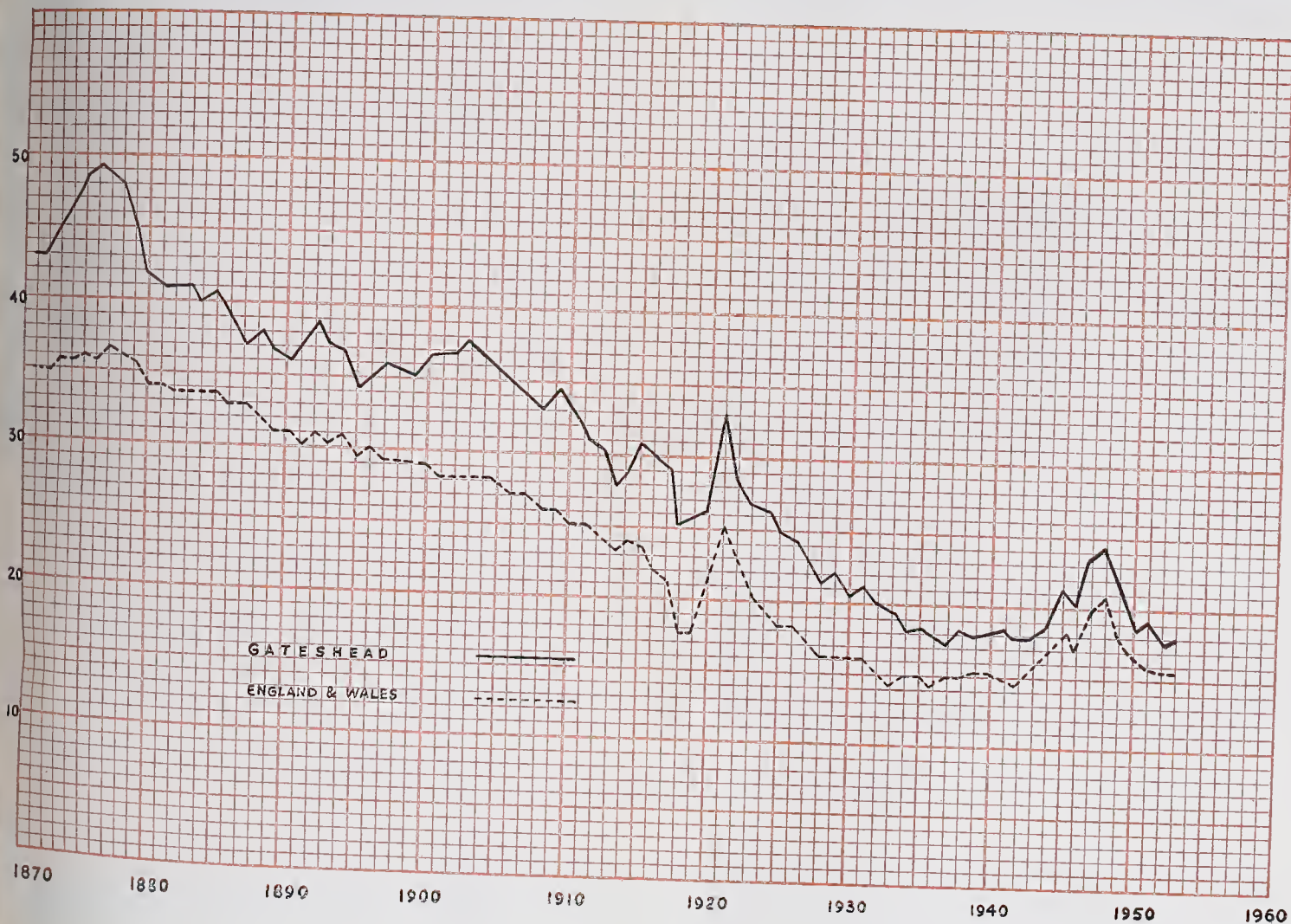
BIRTH RATES per 1,000 population

1871 - 1953

AVERAGE BIRTH RATES

1871-1880 45.3	1881-1890 38.6	1891-1900 36.0	1901-1910 34.8	1911-1920 28.7	1921-1930 24.0	1931-1940 18.1	1941-1950 20.1
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Rate per
1,000



PART II. — HEALTH SERVICES OF THE AREA.

The local hospitals are administered by the Gateshead and District Hospital Management Committee, which serves an area extending to Felling, Whickham and Blaydon for most purposes and other districts of the contiguous county for certain conditions. It is calculated that 208,000 people are provided for in the area served by the hospitals of the Gateshead District. So far as Gateshead is concerned, the shortage of accommodation for the elderly and chronic sick is also paralleled by lack of accommodation of the residential type for the aged and infirm who require hostel care. There has been an improvement in the waiting list of tuberculosis patients awaiting sanatorium treatment, and, thanks to a larger allocation of beds to Gateshead and Felling, accommodation for mental defectives is a little easier as a result of the opening of new accommodation for children at Prudhoe and Monkton Hospital.

Overall, however, there still remains an inadequacy of accommodation for the chronic diseases of the elderly and for surgical treatment of tuberculosis, while the local hospitals are finding it difficult also to cope with the demand for acute surgical treatment and to a less extent for the investigation of medical conditions. The treatment of throat, nose and ear conditions is now passing to a specialist who holds his clinics at the Gateshead Children's Hospital, with the result that large waiting lists have disappeared.

Liaison between the specialists of the local hospitals and the medical staff of the authority continues to be excellent, but there is ample scope for the development of child psychiatry in relation to the local school population. The negotiations between the Education Committees of the Northern Region and the Regional Hospital Board have so far not resulted in the appearance of a scheme for the provision of these facilities, which of course must meet medical and educational requirements.

A. Hospital and Specialist Services.

(Part II of the National Health Service Act, 1946).

1. Hospital Services.

The following list gives the names of the hospitals used for Gateshead residents, together with the number of admissions in 1953, where known:—

<i>Hospital</i>	<i>Gateshead admissions during 1953</i>	<i>Hospital Management Committee</i>
Bensham General Hospital	2,531	Gateshead & District H.M.C.
Queen Elizabeth Hospital	2,873	do.
Sheriff Hill I.D. Hospital	837	do.
Whickham and District War Memorial Hospital	258	do.
Gateshead Children's Hospital	816	do.
Whinney House Hospital	131	do.
Norman's Riding Hospital	107	do.
Clinics : Chest, Gateshead		
Chest, Whickham		
Newcastle General Hospital	485	Newcastle upon Tyne H.M.C.
Hospital for Sick Children (Fleming Memorial)	161	do.
Eye Hospital	94	do.
Ear, Nose and Throat Hospital	115	do.
W. J. Sanderson Orthopaedic Hospital	4	do.
Walker Gate Hospital	85	do.
Town Moor I.D. Hospital (not in use)		
Royal Victoria Infirmary	2,143	Newcastle upon Tyne United Hospitals Board of Governors.
Princess Mary Maternity Hospital, Newcastle	58	do.
<i>Mental Hospitals and Institutions</i>		
St. Mary's Hospital, Stannington	154	St. Mary's H.M.C.
Prudhoe and Monkton Hospital	20	Prudhoe and Monkton H.M.C.
<i>Other Hospitals</i>		
Hexham General Hospital	7	Hexham and District H.M.C.
Shotley Bridge	97	North West Durham H.M.C.
Poole Sanatorium	4	Cleveland H.M.C.
Stannington Children's Sanatorium	30	Wansbeck H.M.C.
Wooley Sanatorium	66	Hexham and District H.M.C.
Hollywood Hall Sanatorium	28	South West Durham H.M.C.
Horn Hall Sanatorium	5	do.
Seaham Hall Sanatorium	2	Sunderland Area H.M.C.

2. Bacteriology.

(Public Health Laboratory Service of the Medical Research Council).

The bulk of the bacteriological work relating to the public health of Gateshead is carried out at the Blakelaw Laboratory, Ponteland Road, Newcastle, under the supervision of Dr. R. Norton. The exceptional work connected with the detection and control of venereal diseases in Gateshead patients is carried out at the laboratory within the Newcastle General Hospital, under the control of Dr. A. Messer. There is a great need for laboratory facilities of the Medical Research Council to be made available for the investigation of virus infections, particularly poliomyelitis. The following lists the bacteriological work which was carried out in 1953 :—

(a) Prevention and Treatment of Disease.

Throat swabs for organisms	.....	.....	.....	.....	.....	290
Nasal swabs for organisms	.....	.....	.....	.....	.....	45
Sputa for tubercle bacilli	.....	.....	.....	.....	.....	2948
Other specimens for tubercle bacilli	.....	.....	.....	.....	.....	394
Blood specimens for Widal reactions	.....	.....	.....	.....	.....	63
Faeces for organisms	.....	.....	.....	.....	.....	1060
Urine for organisms	.....	.....	.....	.....	.....	218
Eye smears for gonococci	.....	.....	.....	.....	.....	20
Cerebro-spinal fluid for organisms	.....	.....	.....	.....	.....	42
Miscellaneous	.....	.....	.....	.....	.....	200
						<u>5280</u>

(b) Milk.

T.T. Milk	.....	.....	.....	.....	.....	8
Pasteurised Milk	.....	.....	.....	.....	.....	111
T.T. Pasteurised Milk	.....	.....	.....	.....	.....	45
Ordinary milk	.....	.....	.....	.....	.....	7
Milk for tubercle bacilli for inoculation	.....	.....	.....	.....	.....	17
School Milk Supply	.....	.....	.....	.....	.....	64
						<u>252</u>

(c) Water Supply 13**(d) Food.**

Cheese	.....	.....	.....	.....	.....	1
Peas (tins)	.....	.....	.....	.....	.....	3
Meat (tin)	.....	.....	.....	.....	.....	1
Dried Milk	.....	.....	.....	.....	.....	1
						<u>6</u>

(e) Control of Venereal Disease.

(1) Blood Wassermann Tests :—						
(i) Practitioners	.....	.....	.....	.....	.....	18
(ii) Ante-natal clinics	.....	.....	.....	.....	.....	1578
(iii) V.D. Clinics	.....	.....	.....	.....	.....	1025
(2) Cerebro-spinal fluid :—						
V.D. Clinics	.....	.....	.....	.....	.....	21
						<u>2642</u>

Grand Total 8193**3. Blood Transfusion Service.**

This work is organised through a regional headquarters at a centre in Jesmond Road, Newcastle upon Tyne. Arrangements are in being for the collection of blood from local volunteers, and blood banks are maintained at the Queen Elizabeth Hospital and at Bensham Hospital, along with supplies of plasma for transfusion purposes. Routine blood samples are taken at the local authority and hospital ante-natal clinics and sent to the Blood Transfusion Centre for blood grouping and rhesus testing. In 1953, 1,578 specimens were submitted and the results noted on a card

given to each patient. Specimens from women found to be Rh. negative are re-examined at the seventh month of pregnancy and a sample of the husband's blood is also tested. Women showing evidence of antibody formation are admitted to hospital for their confinements.

B. Local Authority Health Services.

(Part III of the National Health Service Act, 1946).

As already reported in the survey specially called for by the Ministry of Health in connection with the local health services, there has been a full implementation of the proposals made by the Local Authority under the Act. This includes the opening of the occupation centre for mental defectives at St. Columba's Church Hall in the autumn of 1953.

The Local Authority scheme therefore provides for a maternity and child welfare service, health visiting and domiciliary midwifery, a premature baby service, the provision of day nurseries, dental care of mothers and young children, a home nursing service, a home help service, the care and after-care of tuberculosis and other conditions, the vaccination and immunisation scheme, a municipal ambulance service and the fulfilment of responsibilities to the mental defective and to persons of unsound mind. It will be noted that many of these aspects of health are also covered by other agencies provided either through the Regional Board, the Local Executive Council and indeed by the statutory welfare services department of this Local Authority. There is no doubt that difficulties can occur due to the multiplicity of agencies that may be dealing with one case. One might indeed take as an example a person suffering from a chronic disability of a senile nature, who could be receiving financial assistance in the form of a contributory pension supplemented by other assistance from the Assistance Board, and receiving medical attention from a general practitioner, coupled with domiciliary nursing and the provision of home help from the local health department until such time as the infirmity has progressed to the stage at which institutional care is required, when, owing to the shortage of accommodation in a local hospital, the patient has to be admitted to the welfare hostel sponsored by the welfare services committee. This state of affairs is not at all infrequent, and there are obviously far too many agencies under different direction dealing with the one problem. The matter can be more difficult still when questions as to mental health also enter the picture. Perhaps, however, the greatest difficulty arises in connection with tuberculosis, where institutional care and medical treatment and diagnosis are mainly the functions of the Regional Hospital Board, while the preventive aspects of the problem are mainly the functions of the Local Authority. While it was intended that the Chest Physicians of the Regional Hospital Board should act as the preventive medical officers on behalf of the local health authority at the same time, the burden of work on these officers is such that it is well nigh impossible for them to fulfil the aims of cure and prevention entirely. The Local Authority staffs are at their disposal to give what assistance they can, but it is rather difficult for a complete liaison to be built up as the areas of the chest physicians are not co-terminous with the areas of the local authority.

In point of fact, opinion is crystallising that the great deficiency of the National Health Service Act and the kindred legislation was the failure to remodel local government in advance of the legislation, so that the remodelled local authorities could be responsible for all the health and associated services within their own area.

2. Clinics and Welfare Facilities (as at 31st December, 1953).

(1) *Greenesfield Health Centre* :—

School Clinic	.....	9 a.m.—9.30 a.m. daily. 4 p.m. daily—except Saturdays.
Infant Welfare Centre	.....	2 p.m.—5 p.m.—Tuesday and Thursday
Ante-natal Clinic	.....	2 p.m.—5 p.m.—Wednesday.
Post-natal Clinic	.....	2 p.m.—5 p.m.—Last Friday in the month.
Chest Clinic	.....	9 a.m.—5 p.m. daily (Saturday open until 12 noon only). Also once per month on Wednesday from 5 p.m. to 6.30 p.m.
Dental Clinic	.....	9 a.m.—5 p.m. daily (by appointment). Saturday—9 a.m.—12 noon.
Orthopaedic Clinic	.....	Fortnightly by appointment (orthopaedic treatment by appointment).
Ophthalmic Clinic	.....	Tuesday and Saturday mornings by appointment (Orthoptic treatment daily by appointment).
Dermatology Clinic	.....	Monthly—Saturdays at 10 a.m.—until June.
Artificial Sunlight Treatment	.....	Mondays and Thursdays for pre-school children. Tuesdays and Fridays for school children.
Immunisation Clinic	.....	Thursday—2 p.m.—4 p.m. (pre-school children). Saturday—10 a.m.—12 noon (school children).

(2) *Gateshead District Nurses' Home* :—

Ante-natal clinic	.....	Tuesday—2 p.m.—4.30 p.m. (District Nurses' cases only).
Post-natal clinic	.....	Friday 2 p.m.—4.30 p.m. (Monthly 1st Friday).

(3) *Bensham Methodist Church Hall* :—

Infant Welfare Centre	.....	2 p.m.—5 p.m. Tuesday and Thursday (medical sessions).
Immunisation and Vaccination	.....	2 p.m.—4 p.m. Tuesday (fortnightly).

(4) *Presbyterian Church Hall, Low Fell* :—

Infant Welfare Centre	.....	2 p.m.—5 p.m. Mondays and Wednesdays (medical sessions).
Immunisation and Vaccination	.....	Monthly, 1st Wednesday—2 p.m.—4 p.m.

(5) *Moore Street Methodist Church Hall*.

Infant Welfare Centre	.....	2 p.m.—5 p.m. Monday (medical session).
Immunisation and Vaccination	.....	Monthly, last Monday 2 p.m.—4 p.m.

(6) *Wrekenton Miners' Welfare Hall* :—

Ante-natal Clinic and Infant Welfare Centre	.....	2 p.m.—5 p.m.—Monday.
Immunisation and Vaccination	.....	Monthly, 1st Monday—2 p.m.—4 p.m.

(7) *Victoria Road Methodist Church Hall* :—

Infant Welfare Centre	.....	2 p.m.—5 p.m.—Friday.
Immunisation and Vaccination	.....	Monthly, 1st Friday—2 p.m.—4 p.m.

(8) *Carr Hill* :—

Infant Welfare Centre	Wednesday—2 p.m.—5 p.m.
Immunisation and Vaccination	Monthly, 1st Wednesday—2 p.m.—4 p.m.

(9) *Lobley Hill, Beechwood Avenue, Methodist Church Hall* :—

Infant Welfare Centre	Thursday—2 p.m.—5 p.m.
Immunisation and Vaccination	Monthly, 1st Thursday—2 p.m.—4 p.m.

(10) *Queen Elizabeth Hospital : (Patients seen by appointment only)* :—

Consultations with Visiting Surgeons	Monday a.m., Tuesday p.m. Wednesday a.m., Thursday a.m., Friday a.m. & p.m.
Consultations with Visiting Physicians	Monday a.m., Tuesday a.m., and p.m., Wednesday a.m., Friday a.m.
Orthopaedic Clinic	Wednesday a.m.
Gynaecological Clinic	Thursday p.m.
Obstetrics	Maternity bookings through the Almoner.
Diabetic Clinic	Monday a.m.
Dermatology	Monday and Friday p.m., Thursday a.m.
Psychological Medicine	Thursday a.m.
Ear, Nose and Throat	Wednesday and Friday a.m.

(11) *Out-Post Clinics of Queen Elizabeth Hospital* :—

Greenesfield Health Centre	Monday p.m., Tuesday a.m., Thursday a.m.
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4. Maternity and Child Welfare. (Report by Dr. M. B. Herbst).(a) *Births.*

There were 2,033 live births registered during 1953. Of the total live births, 1,010 were males and 1,023 females. This represents a birth rate of 17.9 per 1,000 of the population, showing an increase of .6 per 1,000 from 1952. 67 births (38 males and 29 females) or 3.2 per cent. were illegitimate.

	<i>Attended by</i>	<i>No. of live births.</i>	<i>No. of still births.</i>
Doctors		469	6
Midwives		454	15
Princess Mary Maternity Hospital			
(a) In wards		39	—
(b) At home		1	—
Bensham Hospital		399	8
Queen Elizabeth Hospital		603	22
Craigielea Nursing Home		2	—
Other Nursing Homes		66	1

In all of the doctors' cases a registered midwife was in attendance as a maternity nurse.

Stillbirths.

There were 52 stillbirths during the year : of these 24 were males and 28 females, making a stillbirth rate of 0.4.

Twenty of the stillbirths were among premature babies.

(b) *Infantile Mortality.*

There were 67 deaths among infants under the age of one year, giving an infantile mortality rate of 32.9 which is 8.2 less than last year and the lowest on record in the borough.

The infantile mortality rate for England and Wales was 26.8 and for the large towns 30.8.

Our infantile mortality rate in Gateshead is still above that for the large towns and while we feel encouraged by the great improvement this year there is still a great deal to be done.

38 infants died under the age of one month, making a neo-natal death rate of 18.6; that for England and Wales was 17.7. 28 infants died during their first week.

The neo-natal death rates in the various wards of the borough were as follows :—

N.E.	.....	14.8	E.C.	.....	18.6
N.	.....	14.1	W.C.	.....	36.6
N.W.	.....	16.4	S.	.....	15.9
C.	.....	6.2	E.	.....	32.6
W.	.....	13.4	S.C.	.....	10.7

The north-east ward, which had the highest neo-natal death rate in the borough for the past two years, has gone down to 6th place, the west central ward has the highest rate and the central ward the lowest.

The improvement in the infantile mortality rate this year is almost entirely due to less deaths among premature babies.

During this year the household has been visited and investigations made in every case where there was a premature birth, the object being to try to arrive at the causes of premature births.

The mothers were asked about their diet during the pregnancy and whether they had worked outside their homes.

The following are some of the results of the investigation :—

9.2% of primiparae produced premature infants.

6.7% of those having a second baby.

5.3% of those having a third baby.

12.1% of those having 4th or later baby; these latter ones were all put together as the numbers were relatively small.

<i>Mothers who had premature babies</i>	<i>Primiparae</i>	working	39	66%
		not working	20	33.9%
	<i>Multiparae</i>	working	13	13.6%
		not working	82	86.3%
<i>Mothers who had full term infants</i>	<i>Primiparae</i>	working	329	60.9%
		not working	217	39.1%
	<i>Multiparae</i>	working	116	11.1%
		not working	972	88.8%

It will be seen from these figures that working during pregnancy cannot be said to influence prematurity. In regard to diet the investigation was more difficult, as there was little scientific evidence to back it.

Mr. David Smith, Consultant Obstetrician at the Queen Elizabeth Hospital, very kindly made the reports of his cases available, and notes were made of the routine haemoglobin tests.

After looking through just over 200 of these case papers, it was evident that nutrition as indicated by a haemoglobin index level had no influence on the size of the infant at birth. This result led to a further investigation of an old report on nutrition of expectant mothers, which was made in 1937 when the general level of nutrition among mothers in Gateshead was very low and help had been obtained from the Birthday Trust Fund. Through this fund supplies of dried milk, Ovaltine, Minadex and Marmite were received for the expectant mothers and were distributed for 10 weeks before the confinement and three weeks afterwards.

The difference which this food made to the mothers is shown as follows :—

		<i>No. of Neo-natal deaths</i>	<i>No. of still births</i>
Total number of mothers receiving birthday trust gifts	.....	738	8
Mothers not receiving gifts	.....	1352	45
			16
			71

In 1937 there was no fixed standard of prematurity as now, but from the figures available the proportion was no more than at the present time.

It would appear, in the light of both this and the present enquiry, that foods containing vitamins and mineral salts are the ones necessary to the mothers for the production of healthy infants.

Much more attention will have to be given to the diet of the expectant mothers to see that mineral and vitamin containing foods are included. Both the health visitors and staffs of the ante-natal clinics can do much to help the mothers in regard to diet, so that they may have healthier infants and be able to breast feed them.

Only about 28% of babies in Gateshead are breast fed at the age of four months; this is a very low percentage. Mothers cannot realise how important it is for their babies to be breast fed or many more would surely give their infants the benefit of natural feeding. More breast feeding would help to prevent the deaths of young infants from pneumonia, bronchitis and enteritis. There were 13 deaths from respiratory infections among the young infants this year. It was found in the infectious hospital that only a very small proportion of the infants suffering from these diseases had been breast fed, and that the breast fed ones recovered much more quickly.

County Borough of Gateshead

DEATH RATE per 1,000 population

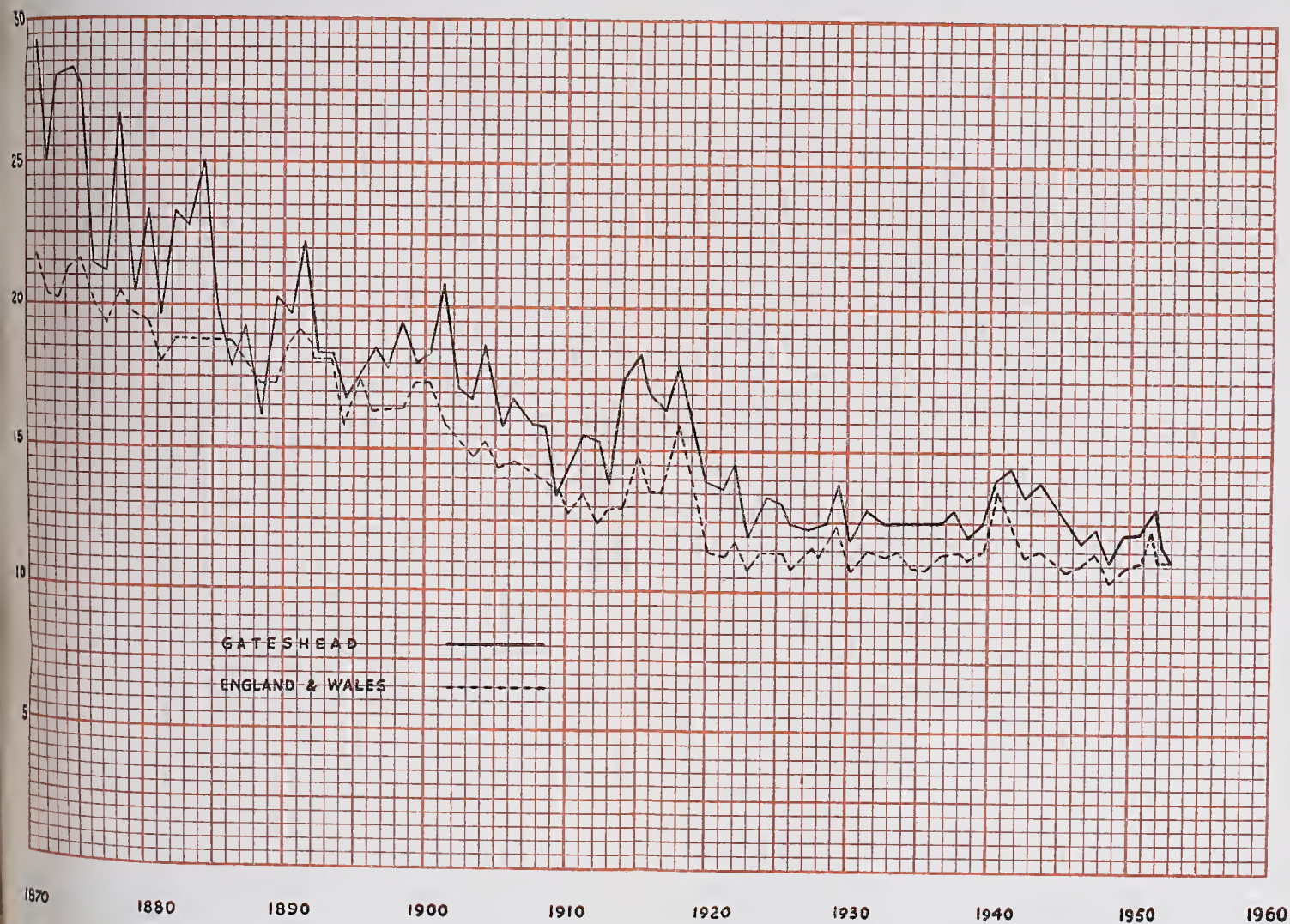
(at all ages and from all causes)

1871 - 1953

AVERAGE DEATH RATES

1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	1921-1930	1931-1940	1941-1950
26.1	21.3	19.4	17.4	16.9	13.7	13.1	13.1

Rate per
1,000



INFANT MORTALITY DURING THE YEAR 1953.

Deaths from Stated Causes at various Ages Under 1 Year of Age

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total deaths under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total deaths under 1 year		
										M.	F.	T.
Certified	28	4	3	3	38	13	10	4	1	37	29	66
Causes Uncertified									1		1	1
Whooping Cough	—	—	—	—	—	1	1	—	—	1	1	2
Streptococcal Infections	—	—	—	—	—	1	—	—	—	1	—	1
Staphylococcal Septicaemia	—	—	—	—	—	—	1	—	—	1	—	1
Pneumococcal Meningitis	—	—	—	—	—	—	—	1	—	1	—	1
Paroxysmal Tachycardia	—	—	—	—	—	1	—	—	—	1	—	1
Angolian Idiocy	—	—	—	—	—	—	—	1	—	—	1	1
Influenza	—	—	—	—	—	—	1	—	1	1	1	2
Pneumonia	1	—	—	—	1	2	—	1	—	3	1	4
Whooping Pneumonia	—	—	1	—	1	1	3	—	—	2	3	5
Bronchitis	—	—	—	1	1	—	—	—	—	1	—	1
Other Respiratory Infections	—	—	—	—	—	1	—	—	—	1	—	1
Gastro Enteritis	—	—	—	—	—	1	1	1	—	—	3	3
Diarrhoea	1	—	—	—	1	—	—	—	—	—	1	1
Disease of Pancreas	—	—	—	—	—	—	1	—	—	1	—	1
Congenital Defects	8	1	—	1	10	2	1	—	—	6	7	13
Immature Birth	12	1	2	1	16	—	—	—	—	10	6	16
Birth Injuries	2	2	—	—	4	—	—	—	—	2	2	4
Hemolytic Disease	2	—	—	—	2	—	—	—	—	—	2	2
Hemorrhagic Disease	2	—	—	—	2	—	—	—	—	2	—	2
Sepsicaemia	—	—	—	—	—	1	—	—	—	1	—	1
Asphyxia	—	—	—	—	—	2	1	—	1	2	2	4
	28	4	3	3	38	13	10	4	2	37	30	67

(c) Child Welfare Clinics.

Centre	No. of sessions	First visits of children 0—1 years	Revisits of children 0—1 years	First visits of children 1—5 years	Revisits of children 1—5 years
Greenesfield	98	283	1847	243	924
Bensham	98	310	2869	172	1766
Moore Street	49	182	1445	36	443
Low Fell	100	148	1901	116	1410
Victoria Road	49	205	1693	114	918
Wrekenton	49	71	604	51	418
Lobley Hill	51	78	957	63	856
Carr Hill	51	122	1137	38	579
Totals	545	1399	12453	833	7314

<i>Centre.</i>	<i>No. of attendances</i>	<i>Average attendance at Doctors' Sessions</i>	<i>Infant Examinations by Medical Officer</i>	<i>Average No. of Consultations per Session</i>
Greenesfield	3297	33.6	1174	12.6
Bensham	5117	51.2	1675	17.8
Moore Street	2112	43.1	626	16.0
Low Fell	3575	35.7	939	10.6
Victoria Road	2920	59.6	841	18.7
Wrekenton	1143	23.3	338	7.8
Lobley Hill	1954	38.2	452	13.0
Carr Hill	1876	36.8	441	10.5
Totals	21994	40.3	6486	11.9

Treatment.

During the year, 367 children were referred to the minor ailments' clinic, and made 970 attendances.

The conditions treated were as follows :—

Ringworm—Head	1	Conjunctivitis	18
Body	1	Other eye conditions	32
Scabies	3	Otitis media	9
Impetigo	16	Other ear conditions	9
Septic sores	4	Throat and Nose conditions	21
Eczema and dermatitis	12	Other defects	126
Other skin conditions	101		
Blepharitis	14		

78 children were referred to the refraction clinic ; the following are the particulars :—

No. of appointments made	78
No. of appointments kept	73
No. for whom spectacles were prescribed	52
No. who obtained spectacles	50

(d) Nursery Schools.

Prior Street and Brighton Avenue Nursery classes continued to care for about 60 children between the ages of 2 and 5 years. Another 20 children were accommodated in the Bensham Settlement. The Bensham Nursery School has not yet been rebuilt.

Priority admission was given to children whose mothers were employed or in ill health.

A health visitor makes weekly visits to treat minor ailments, and one of the school medical officers makes regular visits to examine the children medically.

(e) Day Nurseries.

The four day nurseries remained open throughout the year, though two of them had very reduced numbers of children attending owing to the increase in fees payable.

One of the extensions at Holy Trinity Nursery was closed as the number of children attending never exceeded 80.

By the end of the year Old Fold Nursery was accommodated in one end of the premises as the number seemed to be stabilised at about 40 children. The other end of the building has been altered and made available as a child welfare centre. This should prove a great boon in this neighbourhood.

The children in the nurseries were all examined both medically and dentally during the year.

The following infectious diseases occurred in the nurseries during the year :—

	<i>Holy Trinity</i>	<i>Old Fold</i>	<i>South Close</i>	<i>Victoria</i>	<i>Total</i>
Scarlet fever	—	—	1	1	2
Measles	11	9	4	7	31
Mumps	4	—	15 (+3 staff)	4	26
Chickenpox	1	20	1	26	48
Whooping cough	4	—	5	2	11

Nurseries and Child Minders Regulation Act, 1948.

The Beth Midrash Lemoroth Nursery for Jewish children has continued throughout the year at 61 Rectory Road. The places in this nursery have all been fully occupied. The children are happy and well cared for.

(f) *Milk and Other Foods sold during 1953.*

5,109 packets of dried milk, 3,002 half pounds of Virol, 180 half pounds of Numol, 93 pounds of Malt and Oil, 440 jars of Maltoline and Iron, 963 tins of Ovaltine, 288 jars of Vimaltol, 252 packets of Ready Cooked Groats, 24 tins of Barley, 218 packets of Robrex, 275 packets of Scott's Baby Cereal, 675 packets of Weaning Foods, 3,175 bottles of Adexolin, 494 packets Trufood Cereal, 301 packets of Farex, 246 tins of Robsoup, 38 bottles of Minadex, 5 packets of Casilan, 28 tins of Lactogol and 3 tins of Groats.

Receipts amounted to £1,376 19s. 4d. against a cost of £1,376 19s. 4d.

(g) *Care of Premature Infants.*

During the year, 172 premature infants were born to Gateshead mothers. 152 were born alive. The particulars of these were as follows :—

<i>Place of birth</i>	<i>No. of births</i>	<i>Deaths under 24 hours</i>	<i>Deaths under 28 days</i>	<i>Alive</i>
At Home	42	2	5	35
Queen Elizabeth Hospital	68	3	3	62
Bensham Hospital	37	4	1	32
Other Hospitals	5	1	1	3
	152	10	10	132

Of the 49 premature infants who were born at home, 42 were born alive and 7 were still born. The following are the particulars of those who were born alive :—

<i>Weight at birth</i>	<i>Total</i>	<i>Died under 24 hours</i>	<i>Died under 28 days</i>	<i>Alive</i>
3 lbs. 4 ozs. or less 1000 gms.—1500 gms.	3	2	—	1
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. :— Over 1500 gms.—2000 gms.	6	—	3	3
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. :— Over 2000 gms.—2250 gms	12	—	2	10
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. Over 2250 gms.—2500 gms.	21	—	—	21
Totals	42	2	5	35

The whole-time premature baby nurse paid 987 visits during the year, and the part-time nurse paid 458 visits, making in all 1,445 visits.

This service has been a means of saving the lives of some of the small infants, and is greatly appreciated by the mothers.

Cots, blankets, hot water bottles etc., were lent to the parents on 17 occasions.

(h) *Care of Illegitimate Children.*

There were 67 illegitimate live births in the Borough in 1953, 38 males and 29 females.

The following is a summary of the particulars of these :—

<i>Total No. of child- ren</i>	<i>Living with mother or near relative</i>	<i>Child adopt- ed</i>	<i>Left the district</i>	<i>Board ed out</i>	<i>In resid- ential nurs- ery</i>	<i>Died</i>	<i>Children living with mother or near relative</i>	
							<i>Children well cared for in good home</i>	<i>Home conditions poor but child thriving</i>
67	48	12	5	—	1	1	35	13

There is one voluntary organisation for rescue and moral welfare in Gateshead, the St. Faith's Home, in which expectant mothers are received from various parts of the country.

Arrangements are also made through the Health Department for girls to be received into homes out of the town and payment is made for them by the Local Authority. Under these arrangements, 6 girls were paid for at the Brettagh Holt Maternity Home, Kendal, 4 at Hopedene, Newcastle, and 3 at St. Faith's Home, Gateshead.

The mothers accommodated at St. Faith's Home attend the Hospital ante-natal clinic, and arrangements are made for them to be confined in the Bensham General Hospital, or at Hopedene, Newcastle upon Tyne.

It will be seen that in Gateshead a large proportion of the illegitimate children remain at home and are looked after by their mother or relatives.

(i) *Ophthalmia Neonatorum.*

No cases of ophthalmia neonatorum were notified during 1953.

(j) *Ultra-violet Therapy.*

84 new cases and 104 old cases attended the clinic for treatment and made 839 attendances. They were treated for the following defects:-

Rickets	Anorexia
Anaemia	Adenitis
Debility and not gaining weight	Nasal Catarrh
Subnormal nutrition	Urticaria
Bronchitis	

45 completed the treatment and of these 42 improved and 3 did not improve.

(k) *Hospital Treatment for Ailing Children.*

Such children belonging to the Borough are usually referred to the following hospitals :—

The Children's Hospital, Gateshead.
 The Children's Department of the Royal Victoria Infirmary, Newcastle.
 The Queen Elizabeth Hospital, Gateshead.
 The Fleming Memorial Hospital, Newcastle.

It is the custom of the hospitals to forward to the Health Department a copy of the discharge letter sent to the patient's own doctor.

(l) *Exceptional Children.*

The following list of special cases among children under 5 years receive extra attention from the health visitors, who see that treatment is obtained where necessary.

At the age of two years, the names of the children among these cases who are likely to require special education facilities are passed on to the school medical service, so that suitable arrangements can be made as early as possible.

Congenital defects	.....	.....	44
Orthopaedic cases	.....	.....	168
Deaf or Deaf and Dumb	.....	.....	13
Speech defects	.....	.....	29
Hare lip or cleft palate	.....	.....	13
Mentally retarded	.....	.....	39
Eye defects	.....	.....	228
Miscellaneous	.....	.....	129
			663

The congenital defects comprised :—

Imperforate anus	.....	1
Spina bifida	.....	5
Hypospadias	.....	4
Achondroplasia	.....	1
Congenital heart disease	.....	11
Congenital amputation	.....	3
Defective hands or feet	.....	11
Minor defects	.....	5
Haemophilia	.....	2
Exomphalos	.....	1

Orthopaedic Cases.

T.B. ankle	.....	1
Talipes	.....	29
Erb's paralysis	.....	1
Deformity of leg	.....	4
Deformity of hands	.....	2
Deformity of feet	.....	3
Spastic paralysis	.....	3
Genu valgum	.....	18
Genu varum	.....	29
Flat feet	.....	23
Paresis arm	.....	2
Birth injury to clavicle	.....	1
Birth injury to humerus	.....	1
Congenital dislocation of hip	.....	7
Torticollis	.....	8
Infantile paralysis sequelae	.....	28
Rickets	.....	3
Osteitis	.....	1
Facial paralysis	.....	2
Scoliosis	.....	1
Hemiplegia	.....	1

Mentally Retarded

Mongols	.....	13
Epilepsy	.....	3
Backward	.....	21
Mentally retarded and blind	.....	1
Cerebral diplegia	.....	1

Miscellaneous.

Tuberculosis lungs	.....	22
„ knee	.....	1
„ glands of neck	.....	2
„ spine	.....	1
Sequelae of T.B. Meningitis	.....	6
Hydrocele	.....	3
Asthma	.....	6
Bronchiectasis	.....	3
Sequelae of poliomyelitis	.....	5
Supra renal deficiency	.....	1
Coeliac disease	.....	2
Eczema	.....	13
Delicate	.....	5
Osteitis	.....	2
Colostomy	.....	1
Rickets	.....	7
Fibrocystic disease of pancreas	.....	1
Fits	.....	4
Enlarged liver	.....	1
Cerebral tumour	.....	1
Hernia	.....	14

Diseased kidneys	4
Paralysis of face	1
Thyroid deficiency	1
Splenectomy	1
Result of fractured skull	1
Spina bifida	2
Encephalitis sequelae	1
Minor defects	17

Eye Defects.

Strabismus	205
Ptosis	3
Conjunctivitis	2
Congenital cataracts	4
Blocked lachrymal duct	4
Blind	1
Nystagmus	1
High degree of myopia	2
Accident to eye	1
Cyst	2
Retrolental fibroplasia (blind)	1
Other defects	2

Midwifery Service.*(a) Midwives.*

51 midwives notified their intention to practice midwifery in the Borough. They were distributed as follows :—

Municipal midwives	15
District Nurses Home	10
Private	2
Queen Elizabeth Hospital	11
Bensham Hospital	11
Princess Mary Maternity Hospital	2

Routine visits to midwives were paid to those practising domiciliary midwifery and inspections were made of their register of cases, temperature charts, ante-natal records, bags and appliances. At the end of the year, there were 11 full-time midwives on the staff and one premature baby nurse. At the District Nurses' Home, there were one superintendent (part-time), and 6 midwives.

*(b) Ante-natal Care.***Summary of Work at Clinics.**

The following is a summary of the attendances at the various clinics:—

<i>Centre</i>	<i>No. of sessions</i>	<i>No. of 1st visits</i>	<i>No. of revisits</i>	<i>Total attendances</i>	<i>Average per session</i>
Greenesfield District Nurses' Home	51	273	640	913	17.9
.....	47	114	396	510	10.8
Totals	98	387	1036	1423	14.5

Blood was taken for routine Wassermann and Rhesus Test at the municipal Clinics and at the Queen Elizabeth Hospital Clinic. In all, 1,407 specimens were tested and 3 women were found to have a positive Wassermann reaction ; 22 others had a doubtful reaction and of these 5 were known to have attended the Joint Committee's Clinic previously.

During this year all the mothers were invited to have their chests x-rayed as a routine on their first visit to the ante-natal clinic. 72.6% of the mothers accepted x-ray ; in this way at least two early cases of tuberculosis were detected and sent for treatment.

(c) *Maternal Welfare.*

There was one death associated with pregnancy during the year.

<i>No.</i>	<i>Age</i>	<i>Cause of Death</i>
1	25	Peritonitis following abortion. P.M. Inquest.

(d) *Puerperal Pyrexia.*

The following is an analysis of the cases notified under the regulations :—

<i>Case No.</i>	<i>Attendance</i>	<i>Removed to hospital</i>	<i>End Result</i>	<i>Remarks.</i>
1	Midwife	No	cured	Superficial laceration of labia : offensive lochia 5th day : Rise of temp. Normal 13th day.
2	Midwife	Yes	died	Normal delivery : complained of pains in head. Death due to posterior basal meningitis due to lateral sinus thrombosis due to chronic otitis media.
3	Doctor	No	cured	Ruptured perineum : Temperature rose 10th day. Normal 14th day.
4	Midwife	No	cured	Baby born before arrival of midwife who delivered placenta. Post-partum haemorrhage. Temp. rose on 4th day. Pulse rapid from birth.
5	Hospital	—	cured	Normal : uncomplicated labour : Rise of temp. 8th day. Temp. down again 10th day.
6	Midwife	No	cured	Normal delivery : Lochia offensive 3rd day : Temp. normal 6th day.
7	Midwife	No	cured	Breech delivery : 2nd degree laceration of perineum. Temp. rose 3rd day : normal 13th day.
8	Doctor	Yes	cured	Extensive laceration perineum. Sub-normal involution : Rise of temp. due to pyelitis.
9	Midwife	No	cured	Normal delivery : patient had very bad chest. Rise of temp. 4th day.
10	Hospital	—	cured	Normal uncomplicated delivery. Rise of temp. due to mastitis.

(e) *Emergency Cases.*

In 84 cases, where a doctor was not previously engaged, medical aid was called by the midwife for the mother, infant or both.

In 72 cases, the medical aid was for the mother for the following emergencies :—

	<i>Doctors called by</i>		
	<i>Municipal midwives</i>	<i>D.N.A. midwives</i>	<i>Other midwives</i>
Lacerated perineum	22	21	—
Prolonged labour	3	1	—
Uterine inertia	1	—	—
Malpresentation	1	3	—
Ante-partum haemorrhage	2	—	—
Post-partum haemorrhage	1	1	—
Retained placenta	—	2	—
Cough and pain in chest	1	—	—
Flushed breast	1	1	—
Enlarged varicose veins	1	—	—
Pyrexia	2	2	—
Phlebitis	—	1	—
Severe pain in abdomen	1	—	—
Oedema feet and legs	1	—	—
Unsatisfactory condition of mother	1	—	—
Threatened miscarriage	—	1	—
Foetal distress	—	1	—
Totals	38	34	—

In 12 instances the medical aid was for the infant :—

	<i>Municipal midwives</i>	<i>D.N.A. midwives</i>	<i>Other midwives</i>
Discharging eyes	2	—	—
Influenzal cold	2	—	—
Tongue tie	1	—	—
Cyanosis	1	4	—
Enlarged head	1	—	—
Talipes	1	—	—
Totals	8	4	—

(f) *Hospital Accommodation for Maternity Cases.*

The following is a summary of the Gateshead cases admitted to the Princess Mary Maternity Hospital during the year :—

Live births	39
Still births	—

Of the 39 births, 32 were delivered normally, 4 by Caesarean Section and 3 by forceps.

There were 407 births to Gateshead mothers in the Bensham General Hospital, and 625 births in the maternity unit of the Queen Elizabeth Hospital.

(g) *Nursing Home.*

A nursing home situated at Craigielea, Low Fell, is registered to take 8 maternity cases. During the year, 5 cases were delivered in the home. 2 of these were Gateshead patients.

(h) *Consultant Aid for Emergency Cases.*

During 1953, the emergency teams provided by the hospital boards were called out on one occasion.

(i) *Midwifery Outfits.*

Midwifery outfits containing clothing and bed linen necessary for both mother and infant are loaned out from the ante-natal clinic.

It is pleasing to note that no-one required these things during this year.

(j) *Municipal Midwifery Scheme (Midwives' Act, 1936).*

The following is a summary of the work done by the municipal midwives :—

<i>Midwife</i>	<i>No of cases</i>		<i>No of morning visits</i>	<i>No. of evening visits</i>	<i>Ante natal visits</i>
	<i>Attended as midwife</i>	<i>Attended as mat. nurse</i>			
1	41	8	758	121	363
2	23	46	824	193	336
3	9	42	572	110	258
4	30	11	674	152	231
5	17	54	875	179	292
6	4	16	671	105	38
7	26	42	739	134	162
8	56	2	704	186	281
9	13	32	663	144	302
10	33	8	564	121	203
11	5	15	406	102	52
12	38	12	689	160	278
13	54	7	685	121	214
14	2	1	111	26	34
15	9	5	173	44	42
16	14	1	173	46	53
17	15	3	186	42	77
Totals	389	305	9467	1986	3216

Gas and air analgesia was administered to 180 mothers by the municipal midwives, and 102 mothers by the district nurse midwives.

The district nurse midwives are not booked individually, but take the cases in turn. The following is a summary of the work done by them :—

No. of cases		No. of morning visits	No. of evening visits	Ante-natal visits
Attended as midwife	Attended as mat. nurse			
80	152	3248	741	2325

The following is a synopsis of the above cases :—

	No of cases	Live births	Still births	Mis-carriages	Sent to hospital	Maternal deaths
Municipal midwives	694	663	8	2	21	—
District Nurse midwives	232	217	7	7	1	—
Totals	926	880	15	9	22	—

There were 6 cases of puerperal pyrexia among the above.

In 84 cases, where a doctor was not previously engaged, medical aid was called by the municipal midwives or district nurse midwives, for the mother, infant or both.

(k) *Post-Natal Clinic.*

This clinic is held at the Greenesfield Health Centre on the last Friday of each month. This change was made in April when the number of women attending was too small to warrant a weekly clinic.

During the year, 24 sessions were held and 52 mothers attended for the first time, and made a total of 57 attendances.

The following conditions were noted :—

Anaemia	1	Retroverted uterus	1
Thickening posterior vaginal wall	3	Bronchitis	1
Cervical tear	2	Haemorrhoids	4
Stress incontinence	2	Vaginal discharge	2
Varicose veins	1	Carious teeth	3

Six weeks after the confinement, all mothers who have been attended by a midwife are sent for to attend at the post-natal clinic. All consultations at this clinic are by appointment in order to eliminate any prolonged waiting on the part of the mothers.

District Nursing Association (Post-Natal Clinic). A post-natal clinic is also held at the District Nurses' Home on the first Friday of each month. 11 sessions were held and 34 mothers attended for the first time, making a total of 35 visits.

5. Health Visiting.

The establishment for health visitors, as laid down in the National Health Service proposals, was for a Superintendent Health Visitor and 19 others. This establishment has been kept up to date until recently by recruitment of student health visitors, for whom it has usually been possible to find vacancies on the staff at the end of their period of student-ship. At the end of 1953 the establishment was one superintendent and 17 health visitors and there were no student health visitors under training. The health visitors also act as school nurses, and are expected to do home visiting in a district which has been assigned to them.

Work of Health Visitors.

Summary of Home Visits.

<i>Infants</i>		<i>At four months</i>	
Born at full term	 1769	Breast fed	 484
Prematurely	 153	Partially breast fed	 85
		Artificially fed	 1186

Visits to Infants under 1 year :—

First visits after notification	.....	.....	2170
No. of revisits	.....	.....	8314
Visits to children 1—5 years	.....	.....	18636

Visits to Expectant Mothers.

First visits	.....	.....	499
No. of revisits	.....	.....	145

Miscellaneous visits.

	<i>1st visits</i>	<i>Revisits</i>	<i>Total</i>
Measles	—	—	1401
Diarrhoea	—	—	3
Whooping cough	—	—	437
Pneumonia	—	—	111
Scabies	—	—	9
Jaundice	—	—	5
Meningitis	—	—	8
Special cases	—	—	1702
Ineffective visits	—	—	4495
Tuberculosis	—	—	1031

The total number of visits by health visitors during the year was 38,966.

6. Home Nursing.

To cover the Borough there are two agreements for the provision of domiciliary nursing by voluntary associations. The main area is covered by the Gateshead District Nursing Association, and in the south-eastern area of the Borough, comprising the village of Wrekenton, a single nurse belonging to the Durham County Nursing Association (Wrekenton, Eighton Banks and Springwell Branch), covers both the area of Wrekenton within the Borough and that within the County, the expense of this service being equally divided between the Borough and the County Authority.

The staff employed by Gateshead District Nursing Association at the end of 1953 consisted of the Superintendent, Miss E. Knight, an assistant superintendent, 11 female and 2 male whole-time state registered nurses, 6 female part-time district nurses, 1 enrolled assistant nurse and 3 female and one male student district nurses. To cover the midwifery service, the same association provided 6 midwives.

The following table summarises the work of the Gateshead District Nursing Association done on behalf of the Local Authority during 1953 :—

<i>Cases nursed</i>	<i>Acute illness</i>		<i>Maternity</i>		<i>Chronic illness</i>		<i>Total</i>	
	<i>Cases nursed</i>	<i>Visits</i>	<i>Cases nursed</i>	<i>Visits</i>	<i>Cases nursed</i>	<i>Visits</i>	<i>Cases nursed</i>	<i>Visits</i>
No. on books at 1st January, 1953	94		4		186		284	
Number nursed in								
January	201	1827	25	564	267	3813	493	6204
February	216	2010	25	551	259	3646	500	6207
March	189	1568	30	625	293	4044	512	6237
April	174	1487	37	812	281	3836	492	6135
May	138	1248	28	628	268	3602	434	5478
June	127	971	30	416	261	3275	418	4662
July	121	982	26	555	283	3756	430	5293
August	117	912	29	542	286	3724	432	5178
September	105	842	33	556	286	3738	424	5136
October	115	1056	35	652	282	3525	432	5233
November	109	813	32	507	313	4291	454	5611
December	131	1184	30	612	309	4209	470	6005
Number on books at 1st December, 1953	36	—	10	—	244	—	290	—
Total cases nursed & visits paid during year	1131	14900	265	7020	937	45459	2333	67379

Of the general illnesses nursed 1,078 were medical, 841 surgical, 53 infectious diseases, 69 cases of tuberculosis, while 27 were maternity cases nursed by the district nurses because of the development of complications.

So far as the work done in the Borough by the County nurse at Wrekenton is concerned, the cases nursed included 77 medical 41 surgical and 5 cases of tuberculosis, together with 2 cases of maternity complications, a total of 125.

So far as home nursing of Borough patients is concerned, out of 2,193 patients nursed 819 were 65 and over at the time of the first visit and 107 were children under 5 years of age. 239 of the patients were visited on more than 24 occasions.

The tabulation also shows an increased rate of chronic illness requiring to be nursed, for at the end of 1951, 1952 and 1953, the number of chronic cases on the books of the Gateshead Association were respectively 181,

HOME HELP SERVICE 1953

Month	Ante-natal Cases			Maternity Cases			Acute Cases			Chronic illness			Tubercular Patients			Total Cases attend	Total Days w'ked
	Part time	whole time	Total cases attend	Part time	whole time	Total cases attend	Part time	whole time	Total cases attend	Part time	whole time	Total cases attend	Part time	whole time	Total cases attend		
JANUARY	—	—	—	—	11	11	31	—	31	312	—	312	7	—	7	361	1384
FEBRUARY	—	—	—	—	10	10	29	—	29	311	—	311	6	—	6	356	1279
MARCH	—	1	1	—	11	11	31	—	31	327	—	327	6	—	6	376	1406
APRIL	—	1	1	1	11	12	21	—	21	333	—	333	9	—	9	376	1283
MAY	—	—	2	1	11	12	14	—	14	336	—	336	9	—	9	373	1275
JUNE	1	—	1	1	12	13	19	—	19	334	—	334	10	—	10	377	1238
JULY	2	—	2	1	6	7	21	—	21	336	—	336	11	—	11	377	1330
AUGUST	1	—	1	3	3	6	16	—	16	325	—	325	12	—	12	360	987
SEPTEMBER	2	—	2	3	5	8	17	—	17	324	—	324	11	—	11	362	1427
OCTOBER	1	—	1	2	5	7	23	—	23	319	—	319	11	—	11	361	1341
NOVEMBER	—	—	—	—	10	10	28	—	28	335	—	335	6	—	6	379	1259
DECEMBER	—	—	—	5	8	13	35	—	35	342	—	342	6	—	6	396	1383

Total days Given

Total Individual Cases

Ante-natal	.....	8	127
Maternity	.....	73	610
Acute	.....	128	784
Chronic	.....	518	13726
Tuberculosis	.....	15	345
	.....	742	15592

186 and 244. As a result the staff of the District Nursing Association is under considerable pressure to cope with the demands for the service.

7. Domestic Help.

At the end of 1953, the staff consisted of one supervisor, one assistant supervisor, 11 permanent female full-time helps, 3 permanent male full-time helps, and 94 part-time helps, a total of 108 help. The strength of this establishment at the end of the year is equivalent to 71 full-time home helps, which is within the ceiling of the equivalent of 80 full-time home helps which was set by the Health Committee in 1949. There is an advantage in our employing home helps on a part-time basis, as these are mostly married women with their own household responsibilities. One therefore tends to get more experienced and permanent staffing, and the hours of duty can be increased to meet any sudden pressure on the service.

The work done by the service is summarised in the accompanying table, which has been compared with the tables for 1952 and 1951. It is notable that in 1953 there were 518 cases of chronic illnesses helped by the service as against 457 in 1952 and 491 in 1951. At the same time the number of maternity cases helped in 1953 was 73 as compared with 103 in 1952 and 138 in 1951. The explanation of these changes seems to be the growing pressure of the aged and infirm upon the publicly provided services, and also the high charges which are applied to maternity cases as a result of the assessment. The chronic cases are mainly persons living on pensions or on assistance board grants and escape any charges made under the local authority scale. The maternity cases are assessed on the husband's income and in most cases the result is fairly costly to the husband who tends to do without domestic help for his wife or arranges help otherwise. The number of cases of acute illness and of tuberculosis helped by the service tend to become stabilised or indeed to lessen.

It was not necessary to make use of the seasonal home helps who are called upon in cases of undue pressure on the service.

Expenditure on the service in the year 1953/54 was estimated to amount to £19,290, and receipts were estimated as £700, both of these being a considerable reduction on the position in 1951/52, when the cost was estimated as £23,000 and the receipts as £840.

Although the operation of the home help service has been analysed in previous reports, it is obvious that there is very little hope of increasing the amount of receipts and so bringing about a saving to rates and the exchequer. In last year's report a number of cases were cited in which certain persons received the help of the service free, although other individuals in the households were earning considerable sums of money. This position has been kept under review, but so far no decision has been made which would alter the scale and method of assessment.

8. Vaccination and Immunisation.

(a) *Vaccination.*

During 1953, 625 persons were vaccinated and 91 re-vaccinated, including 482 infants under 1 year, 59 children aged 1—4 years, 21 school children, and 63 adults. 80 of the re-vaccinations were of adults.

Out of 2,033 infants born in 1953, it would appear that only 482 *i.e.*, 23.7 per cent. have been vaccinated. This compares with the figure of 22.3 per cent. in the previous year.

Of the total number of vaccinations, 296 were carried out by the Local Authority staff and the remainder by the family practitioners.

No case of generalised vaccinia or post-vaccinal encephalitis came to light during 1953, nor was there any death from a complication of vaccination.

(b) *Immunisation against Diphtheria.*

During 1953, 1,184 children under 5 years and 377 children of school age, a total of 1,481 completed a full course of immunisation, and 1,335 school children received a secondary 'booster' injection to stimulate the immunity mechanism. The number of children under 5 represents nearly 54 per cent. of the children born in the area during 1953. 1,026 complete inoculations against diphtheria were carried out by the Local Authority medical staff and 455 by the local family practitioners.

At the end of 1953, out of 9,700 pre-school children, 3,693 (38%) had been immunised, and out of 17,800 school children 14,267 (80.1%) had been protected. Altogether then, 17,960 children (65.3%) have been inoculated against diphtheria out of 27,500.

During 1953, diphtheria was non-epidemic, and there was no mortality from the disease. The prophylactics in use were mainly the combined diphtheria and whooping cough prophylactics of Parke Davis and Glaxo Laboratories and the A.P.T. preparation of Burroughs Wellcome.

(c) *Immunisation against Whooping Cough.*

During 1953, 1,023 children were given a complete course of whooping cough prophylactic, using the combined prophylactic in 956 instances and the whooping cough prophylactic alone in 67.

Of the 1,023 immunised, 670 received their treatment from the Local Authority medical staff and 353 from the general practitioners of the area.

It is rather important to try and assess the value of whooping cough immunisation in the prevention of the disease. The following figures are reproduced giving notifications and mortality from whooping cough

since the disease became statutorily notifiable. Bearing in mind that immunisation against diphtheria first began in 1947, the table does show an appreciable decline of mortality after that year. This decline of mortality is associated too with a decline of incidence, but it is difficult to be sure that all the whooping cough that occurred in Gateshead has been notified. There is reason to believe that notification previous to the National Health Service Act was rather lax. So far as the notifications of cases in 1948 and thereafter are concerned an attempt has been made to ascertain as to how far these were immunised against whooping cough and the numbers are attached. It very much looks as if it could be claimed that whooping cough immunisation has done something to abate the prevalence of whooping cough and to diminish mortality. All the fatal cases recorded in the table given herewith were among the unimmunised. The deaths in the years 1949 to 1953 were all in infants under 8 months of age.

Trend of Whooping Cough in relation to Immunisation.

<i>Year</i>	<i>Births</i>	<i>Completed immunisations</i>	<i>No. of Cases</i>		<i>No. of Deaths</i>
			<i>Total</i>	<i>No. who had completed immunisation</i>	
1940	1951		131		3
1941	1853		793		22
1942	1835		89		1
1943	1917		435		8
1944	2219		301		2
1945	2097		220		2
1946	2614		356		4
1947	2756	756	349		11
1948	2439	920	334	38	1
1949	2265	1020	67	4	1
1950	2117	743	351	24	2
1951	2185	1082	231	17	0
1952	1993	501	246	21	0
1953	2033	1023	513	53	2

9. Municipal Ambulance Service.

The only change of note in the service available during 1953 was the addition to the fleet of a second clinic ambulance capable of seating 5—6 persons and of taking a stretcher. This has been found of very great value indeed in dealing with hospital out-patient attendances.

Establishment.

At the end of the year, the staff consisted of an ambulance officer, Mr. W. Barber, an assistant ambulance officer, Mr. J. Nesbit, three senior ambulance drivers, 22 ambulance driver/attendants, one ambulance clerk, and one telephonist. Apart from changes in personnel, this is the same as in the previous year.

All the men in the service are under compulsion to attend a First Aid Course of lectures and practical work, and by passing the examination they qualify for additional remuneration.

Cost of the Service in 1953.

The annual cost of the service was £24,655, as against £26,940 in 1952. Revenue from other authorities for return journeys from the Gateshead hospitals amounted to £2,705, as against £2,780 in 1952. The net cost of the service to Gateshead in 1953 was £21,175 as against £24,160 in 1952. The charge made to other authorities was revised during the year upon an actuarial report of the Borough Treasurer to 3/- per mile for an ambulance and 1/6d. per mile for a sitting case car, an increase of 3d. per mile respectively.

Work of the Service in 1953.

The following summarises the work of the ambulance service carried out during the year.

	<i>Patients</i>	<i>Journeys</i>	<i>Miles</i>
<i>Transport to and from Hospital by Stretcher</i>			
<i>Ambulance</i>	26,747	6,372	87,608
<i>Transport to and from Hospital by Car</i>	6,697	1,483	43,303
<i>Transport to and from Hospital by Clinic</i>			
<i>Ambulance</i>	10,258	866	22,162
<i>Inter-hospital and inter-departmental transport</i> <i>(disinfections 155)</i>		1,341	9,343
<i>Midwives' transport and transport of analgesia</i> <i>apparatus</i>		1,398	9,160
	43,702	11,460	171,576

Transport chargeable to Other Authorities (included in above)

	<i>Patients</i>	<i>Journeys</i>	<i>Miles</i>
Patients by ambulance	1,620	1,315	11,483
Patients by sitting case car	1,007	937	16,354
	2,627	2,252	27,837

Petrol Consumption in gallons	14,003
Petrol issued by Other Authorities (gallons)	5
Petrol issued to Other Authorities (gallons)	7

Arrangements were made for the transport of 11 patients by rail, involving a total distance of 1,585 miles.

Vehicles.

The service consisted of 7 stretcher ambulances, 2 clinic ambulances, 3 sitting case cars, 1 utility van and 3 obsolete civil defence ambulances.

Patients carried and Mileage completed since the inception of the Service.

<i>Year.</i>	<i>Patients.</i>	<i>Miles.</i>
1944		31,848
1945		53,080
1946		65,655
1947		79,979
1948		105,702
1949	27,576	149,557
1950	30,117	170,686
1951	29,820	172,806
1952	32,147	173,218
1953	43,702	171,576

The above figures show a stationary position in regard to the mileage covered, and an increase of 10,000 in the number of patients carried, as compared with 1952. This is to be accounted for by the increasing number of patients who are attending the out-patient departments for consultation and after-care.

The use of radio control is found to be of the utmost value in economising in the mileage involved in the work of the service. A difficulty arose in connection with the definition of the word 'journey,' the Ministry of Health having laid it down that a journey is covered by the movements of a vehicle from depot back to depot. With radio control it frequently happens that an ambulance could be busy all morning removing patients to and from hospital without ever returning to its depot and this must be reckoned as one journey. With this new definition the number of journeys covered in the year 1953 amounts to 11,460 as against 24,389 in 1952, when the journey was considered to be something different from the Ministry of Health definition. It is fortunate that the ambulance station is situated next to the principal hospital site of the district so that the minimum of 'dead' mileage is involved, and the service is conveniently situated to assist the hospital and maintain a very close liaison with the staff.

10. Prevention of Illness, Care and After-Care.

(a) Tuberculosis.

The arrangements for the prevention, care and after-care of tuberculosis in Gateshead were fully described in the report of last year. The work is organised under the auspices of the Invalid Care Sub-Committee of the Health Committee, which is attended by the Chest Physician, Dr. S. D. Rowlands. Home visiting is done in the first instance by tuberculosis nurses working under the direction of the Chest Physician, and the follow-up visits are made by the district health visitors, with special reference to the health of contacts. Through the Chest Physician, too, arrangements for the establishment of tuberculous patients in suitable employment are under constant review with the Ministry of Labour Rehabilitation Officer. Although as yet there are no workshops, settlements or night sanatoria for tuberculous patients in this Borough, it is extremely important that the other preventive services should function satisfactorily. There has been, however, extreme pressure on the local chest physicians to carry out their clinical work, due to illness of one of their number. These considerations aside, it is important to view the trend of tuberculosis in Gateshead.

Although the mortality from the disease is declining in a most satisfactory manner it can by no means be suggested that the incidence of the disease is following the same tendency. The subjoined table gives the latest position, from which it will be seen that the number of new cases of tuberculosis in the infective stage in Gateshead seen at the chest clinic in the year under review has jumped alarmingly, and the number of notifications continues to increase. The thesis underlying this state of affairs is that the effect of the newer drugs has been undoubtedly to save life in many instances, but in other instances it has been to transform an acute and probably fatal case into a chronic

infectious case, with the obvious result that there is much more dissemination of infection by ambulatory and semi-ambulatory patients than was formerly the case.

Chest Clinic Statistics of Gateshead 1933-1953.

		<i>Pulmonary Notifications</i>	<i>Pulmonary Deaths</i>	<i>T.B.—</i>	<i>T.B.+</i>	<i>Total</i>
1933	.....	283	140	86	136	226
1934	.....	293	135	121	114	235
1935	.....	203	129	70	86	156
1936	.....	201	104	80	106	186
1937	.....	178	118	68	95	163
1938	.....	208	115	72	100	172
1939	.....	183	119	77	101	178
1940	.....	206	129	65	92	157
1941	.....	207	128	93	75	168
1942	.....	208	107	89	107	196
1943	.....	219	106	90	111	201
1944	.....	244	122	125	106	231
1945	.....	218	98	103	99	202
1946	.....	228	75	111	108	219
1947	.....	237	93	119	107	226
1948	.....	232	99	128	98	226
1949	.....	250	91	157	91	248
1950	.....	220	64	139	83	222
1951	.....	227	47	152	74	226
1952	.....	256	45	159	84	243
1953	.....	266	29	155	112	267

At the end of 1953, the Gateshead Chest Clinic register included the names of 1,339 persons, 1,193 of whom were cases suffering from the pulmonary form of the disease and 146 suffering from non-pulmonary tuberculosis. The pulmonary cases included 549 males, 478 females and 166 children. The non-pulmonary cases included 38 males, 51 females and 57 children.

During the year, 653 young contacts of tuberculosis were subjected to the Mantoux Test, together with 38 others who had not been in contact with the disease. 498 of the contacts tested proved to be positive and 20 others proved also to be positive. Of the 173 negative reactors, 165 were submitted to B.C.G. vaccination by the Chest Physician. 3 persons were submitted to the tuberculin jelly patch test, with a positive result in one instance.

Mass Miniature X-ray Examination of School Children and Education Staff.

The Education Committee approved an examination of school leavers, *i.e.*, of the children who were born in 1938, together with teachers and ancillary educational staff. The results, so far as the school children are concerned, are tabulated below :—

(1) Boys	Total examined 1,649	
	<i>No. found with evidence of past disease</i>	
(a)	Calcified lesions in the lung	47
(b)	No. with thickening of the pleura	3
(c)	No. found with enlargement of the hilar glands	3
(d)	No. convalescent from a recent chest affection	1
	All the above were inactive.	
(e)	Children recalled for further examination by large film with evidence of healed disease (report sent to family doctor).	11
(f)	No. referred to the Gateshead Chest Physician for investigation (one boy failed to re-attend for large film examination and was referred to the Chest Clinic for follow-up).	12

Results of Chest Clinic Examination

(a)	Diagnosed pulmonary tuberculosis and admitted to hospital	4	
(b)	Noted for further observation—		
(i)	healed disease	1	
(ii)	primary complex	1	
(iii)	other conditions	4	
(c)	Suffering from congenital heart disease	1	
(d)	Failed to attend	1	
		—	12

(2) **Girls** Total examined 1,570.

No found with evidence of past disease

(a)	Calcified lesions in the lung	24
(b)	No. with thickening of the plura	6
(c)	Children recalled for further examination by large film, showing evidence of healed disease (report sent to family doctor)	11
(d)	Children referred to the Gateshead Chest Physician for investigation	20
	(5 of these were already under observation and treatment at the chest clinic, one suffering from bronchiectasis, and in one other an old lesion had become re-activated)	

2 girls failed to attend for large film examination and were referred to the chest clinic for further follow-up.

Results of Chest Clinic Examination.

(a)	diagnosed, notified as active pulmonary tuberculosis and sent to hospital for treatment	3
(b)	diagnosed as suffering from reactivated old pulmonary disease and sent to hospital	2
(c)	diagnosed as suffering from bronchiectasis and referred for further observation	2
(d)	noted for further observation at the chest clinic	
(i)	tuberculous primary complex	2
(ii)	other conditions	6
(e)	noted as suffering from healed lung disease	1
(f)	failed to attend chest clinic	4
		— 20

Out of 550 of the staff of the Education Department employed in schools 441 submitted themselves to examination, but only 206 of the teachers and 101 of the domestic staff agreed to the results of the x-ray being divulged to the Medical Officer of Health. Only one canteen worker revealed any suspicious condition.

1,354 members of the general public, together with 376 employees of Gateshead firms and 54 persons referred by their own medical practitioners were also examined.

The disturbing feature of this survey is the number of cases of school children in whom evidence of healed disease was present in the chest, and the discovery of 7 children apparently suffering from active pulmonary tuberculosis.

Attention has been directed in previous reports to the number of infectious tuberculosis cases living at home in insanitary conditions and with a number of contacts. The opportunity was taken at the end of 1953 to have a comprehensive survey of the 561 families in the Borough known to have included an infectious case of tuberculosis their housing

conditions being related in the survey to the question of whether they still continue to be infectious or have become non-infectious. The following brief table shows the housing position of these cases :—

Housing of Families Infected by Tuberculosis (561 families).

<i>Type of dwelling</i>	<i>Infectious Cases.</i>			<i>Cases now Non-infectious.</i>		
	<i>Single case</i>	<i>Multiple cases</i>	<i>Total families</i>	<i>Single case</i>	<i>Multiple cases</i>	<i>Total families</i>
Council House	50	13	63	68	11	79
Self-contained	32	6	38	46	4	50
Flat	105	20	125	164	14	178
Tenement	2	0	2	3	0	3
Sub-let	10	2	12	6	0	6
Public House	1	0	1	0	0	0
Lodgings	0	0	0	0	1	1
Fountain View	0	0	0	1	0	1
Homeless	0	0	0	1	0	1
Caravan	0	0	0	0	1	1
Totals	200	41	241	289	31	320

Out of this total of 561 families, 100 families would seem to require rehousing on health grounds. In 73 of these households there is overcrowding by 1936 housing standards, and in 27 others the patient cannot possibly be provided with a separate room. Among the 73 overcrowded houses, 29 harboured an infectious case. In 27 houses technically not overcrowded the tuberculous case is infectious.

The action taken on this report has been to report to the Invalid Care Committee the housing position, with three lists submitted in order of priority showing those houses which are overcrowded and harbour an infectious case, those houses which are not overcrowded but include an infectious case who is not equipped with a room to himself or herself and those which no longer include an infectious case of tuberculosis but remain overcrowded.

The three separate lists of the households referred to in the previous paragraph as requiring rehousing show that in some instances the families have been rehoused in council houses and have apparently taken in lodgers.

An interesting enquiry was made in regard to the number of chronic infectious cases who were on the register at the end of 1953. Of these 158 (95 males and 63 females) were at home; 14 males and 16 females were in institutions. Out of the number at home 111 (76 males and 35 females) were considered to be adequately housed and 47 (19 males and 28 females) were considered to be inadequately housed. The difference in the total between those found and the previous one quoted is that the second enquiry had reference to the chronicity of the infection. So far as the cases in institutions were concerned, it appeared that 18 could have been discharged (8 males and 10 females) to their homes if adequate housing accommodation had been available, and that 4 could have been discharged

but were without a home (2 males and 2 females). In effect, 12 of the institutional chronic cases took their own discharge (2 men and 10 women). These could be added to the 47 cases already referred to as being inadequately housed. The reasons stated for the patients refusing to continue institutional care are varied, but fundamentally there seems to be a lack of insight into the infectious nature of the condition, combined with irresponsibility and lack of self-control.

The action the Local Authority can take in regard to the number of cases of tuberculosis requiring rehousing is limited by the number of houses available. There is no doubt that from the tuberculosis register all the vacant municipal houses could be filled quite easily.

In 1953, 50 special recommendations were made to the local housing department for priority in rehousing, but during the year only 23 families were rehoused. This represents 7 per cent of the 320 corporation houses which were let to new tenants during the year.

A further service that is given to the tuberculous cases is assistance with clothing and the supply of invalid aids. The extent of this service is summarised below :—

Clothing issued.

<i>People assisted.</i>	<i>Assistance given</i>	
90	Pyjamas	81 pairs
	Slippers	19 pairs
	Suits	4
	Boots or shoes	29 pairs
	Shirts	8
	Underwear	38
	Cardigans	4
	Bedjackets	3
	Overalls	2
	Trousers	2 pairs
	Socks or stockings	9 pairs
	Skirt	1
	Frocks	2
	Dressing gowns	4
	Raincoat	1
	Coats	2
	Pullovers	2

Invalid Aids Issued.

<i>People assisted</i>	<i>Assistance given</i>	
63	Sorbo beds	2
	Sponge rings	7
	Blankets	22
	Sheets	18
	Pillows	5
	Pillow slips	8
	Wheel chairs	5
	Rubber sheets	3
	Back rests	18
	Air rings	2
	Sputum mug	1
	Hot water bottles	3
	Urinals	7
	Bedpans	8
	Mattresses	4
	Spinal carriage	1
	Wood bed	1
	Iron bedstead	1
	Pr. Crutches	1

In addition to the foregoing, several other cases were specially considered by the Committee in relation to their financial circumstances before the clothing was supplied. In all cases the Committee granted the supply of clothing.

From the voluntary fund administered by the Health Committee for the tuberculous, a donation of 5/- was made to every tuberculous patient from the Borough in Sanatorium at Xmas, and a voucher of £1 for groceries went to the households of incapacitated tuberculous patients. Altogether a sum of £202 10s. 0d. was disbursed.

The invalid aids for the tuberculous are kept separately from those supplied to cases of general illness and are disinfected immediately on return and before re-issue.

In 1953, 54 patients were placed in light employment with various firms through the Ministry of Labour Rehabilitation Officer. 22 others were sent to the Felling Rehabilitation Centre for training.

There is no special Remploy Factory for the tuberculous in this area.

Acknowledgment must be made of the co-operation of the Assistance Board in the administration of financial help to the tuberculous, whereby special circumstances have been promptly dealt with by the Board's officers.

(b) *Venereal Diseases.*

The Clinic at the Newcastle General Hospital continues to maintain effective liaison with the health department of the Local Authority by way of the Superintendent Health Visitor, who is responsible for the tracing of contacts and defaulters.

Contacts.

During 1953, 11 notifications of contacts were received. One was the same contact notified 4 times, making 8 individual contacts. All were for gonorrhoea. 3 were not traced, 2 were already undergoing treatment and 3 were unco-operative.

Defaulters.

During 1953, 85 individual cases were followed up. 66 were suffering from syphilis, 9 from gonorrhoea, and 10 children were suffering from congenital syphilis. This involved 292 visits.

One patient was escorted to Ward 34.

Ante-natal Cases.

Expectant mothers found to have positive Wassermann tests were referred for further investigation to the treatment centre.

(c) *Invalid Aids.*

During the year, the following assistance was given to 202 patients nursed at home :—

Bed pans	.....	45
Back rests	.....	63
Rubber sheets	.....	33
Air rings	.....	37
Sponge beds	.....	11
Commodes	.....	5
Sponge rings	.....	3
Air cushions	.....	2
Urinals	.....	38
Pr. Crutches	.....	8
Feeding cups	.....	3
Iron bedstead	.....	1
Mattresses	.....	4
Pillows	.....	1
Bed cages	.....	3
Wheel chairs	.....	4
Air beds with bellows	.....	2
Spinal carriages	.....	2
Bed tables	.....	2
Iron bedsteads	.....	3
Sputum mug	.....	1

(d) *Convalescent Holiday Treatment.*

Convalescent holiday treatment for invalids continues to be supplied by the Local Authority for persons who are recommended by their own family practitioners for this form of therapy, and who are unable otherwise to obtain such treatment. During the year 1953, 50 persons made application, as compared with 47 in 1952. The following is a summary of the cases dealt with :—

- 27 cases admitted to Proctor Memorial Home, Shotley Bridge.
- 2 cases admitted to Boarbank Hall, Grange-over-Sands.
- 6 cases admitted to Silloth Convalescent Home.
- 4 cases admitted to Rose Joicey Convalescent Home, Whitburn.
- 1 case admitted to Whitton Towers, Rothbury.
- 1 case admitted to the P.C.H.A. Home, Whitley Bay.
- 9 cases were withdrawn at the request of the applicant.

The cost of the service was £235 16s. 0d., and the sum of £28 7s. 0d. was assessed as recoverable from recipients. Of this amount £11 2s. 4d. was actually recovered by the end of the year.

4 cases were assessed as liable to pay the full cost, 4 cases part of the cost and in 33 cases no charge was made.

The following gives a summary of this service since its inception :—

1949	30 cases made application	23	accommodated	Cost of Service £113 15s. 0d. Amount recoverable £36 2s. 10d.
1950	19	„	„	Cost of Service £131 17s. 2d. Amount recoverable £18 12s. 7d.
1951	43	„	„	Cost of Service £199 10s. 0d. Amount recoverable £54 4s. 5d.
1952	47	„	„	Cost of Service £210 9s. 4d. Amount recoverable £35 4s. 5d.

(c) *General Remarks.*

The officers of the health department, sanitary inspectors, duly authorised officers, health visitors and tuberculosis nurses work in close liaison with the welfare officers of Gateshead in regard to sick persons living at home in conditions likely to lead to nuisance to others or further deterioration of the sick person. Every effort is made to afford the maximum of help by way of domestic nursing and help before taking the drastic action under the National Assistance Act of seeking compulsory removal of the sick person to an institution.

11. Mental Health.

(a) *Administration.*

During 1953 the arrangements detailed in the previous reports continued, whereby Dr. C. B. Bamford or his Deputy see the duly authorised officers one afternoon each week to advise on matters of difficulty in their work. A similar arrangement is in being whereby the specialist in mental deficiency, Dr. G. McCoull, attends fortnightly at the Health Department to see patients brought to the clinic, so as to assess priority of admission to local institutions and advise in the disposal of the patients.

The general care of mental illness and deficiency is dealt with by the mental welfare sub-committee of the health committee. In 1953, the Committee was constituted as follows :—

Chairman : Ald. P. S. Hancock, O.B.E.,

Ald. J. T. Etherington
 „ W. F. Barron
 „ J. A. Hutchison
 „ B. N. Young
 Coun. R. N. Baptist

Coun. Mrs. M. Bell.
 Coun. A. Crossley.
 Coun. Mrs. A. Hutchison
 Coun. Mrs. A. E. Jewitt.
 Coun. J. W. Morris.

(b) *Staff*

At the end of the year, the Local Authority employed four duly authorised officers, one woman and three men. It was decided that upon the retirement of one of the three men the post be not filled so that in future the establishment will consist of one female and two male officers, the senior of whom, Mr. Askew, acts as the senior duly authorised officer in charge.

The occupation centre was staffed by a qualified supervisor assisted by a trained mental nurse.

(c) *Co-ordination with Regional Boards and Hospital Management Committees.*

During the year, no difficulty arose apart from the occasional difficulty of finding vacancies in Institutions for defectives who required this care urgently, and occasional difficulties in finding beds for those who were mentally ill.

(d) *Voluntary Associations.*

There are no voluntary associations carrying out work on behalf of the Local Authority.

(e) *Training of New Staff.*

No arrangements have been initiated for the training of new staff.

Mental Illness.

In 1953, 247 persons who were mentally ill were investigated by the duly authorised officers. Of this number, 167 were admitted to St. Mary's Hospital, 38 after certification under the Lunacy Acts and 129 as voluntary patients. 8 were admitted to other mental hospitals. Included in these was a number of patients brought to the local authority by the duly authorised officers.

72 other patients, whose circumstances were investigated, were not admitted to mental hospitals. The great majority of these last were senile, and in 16 instances admission to local general hospitals was achieved. 4 of these, too, were found accommodation in Fountain View Welfare Hostel.

So far as the remaining 52 patients are concerned, these fall into two groups. In one group of senile patients, arrangements were made for them to be cared for by relatives, home help being provided where necessary. In the second group, recovery had taken place under domiciliary care to an extent sufficient to allow them to be at liberty. 6 of these still require occasional attention from the duly authorised officer.

Altogether, the duly authorised officers made over 608 visits in connection with mental illness.

Mental Deficiency.

During 1953, 26 defectives (12 males and 14 females), were ascertained. Of these, only 11 (4 males and 7 females) were subject to be dealt with. The remaining 15 (8 males and 7 females) were children of the educationally subnormal category who had left school during 1952 and preceding years. The source of ascertainment of the defectives subject to be dealt with was by notification from the Local Education Authority in 8 cases (3 males and 5 females) and from other sources, mainly the parents, in 3 other instances (1 male and 2 females). The cases not subject to be dealt with were placed under voluntary supervision. 5 children (2 males and 3 females) were placed under statutory supervision. Two males and four females were admitted to institutions.

At the end of 1953, the register contained the names of 388 defectives, an increase of 11 over the previous year, the list having also been reduced by the removal of two male defectives who had been released from Order, and two male defectives and one female defective who died.

Occupation Centre, St. Columba's Hall.

The occupation centre was established temporarily at No. 12 Gladstone Terrace, in November, 1952, the children being accepted part-time, boys and girls attending on separate days. This scheme worked fairly well until the permanent premises at St. Columba's Hall, James Street, were made available at the end of August, 1953. From that date to the end of the year defectives ranging in age from 4 years to adult life were accepted on the register, but the numbers did not exceed 24.

Needless to say with such patients only 1,891 out of a possible 2,813 attendances were made, the boys attending better than the girls. The adults accepted in the school were those likely to take advantage of centre training and they were made use of in a limited way in the work of the centre. At the end of the year, 10 male children, 7 female children and 4 adult females were in regular training at the centre, out of a total of 37 defectives who it is thought would benefit by the training.

On the whole, the children have settled well into centre life. In mentality they are mostly of middle or lower grade. The care given to the patients is much appreciated by the majority of the parents. Two open days were held for parents in June and December.

The attendance of patients could be greatly improved if transport were provided by the Local Authority, but so far it has been not possible to arrange for this to be done.

The centre could take up to 50—60 defectives, and it seems that some of the defectives from adjacent areas of the County could be received for training, and conversations were opened at the end of the year to enable this be to done.

The following table represents the statutory return made to the Ministry of Health at the end of 1953 :—

<i>During 1953</i>				<i>Total cases on Authority's registers 1.1.1954</i>			
<i>Under age 16</i>	<i>Aged 16 and over</i>	<i>Under age 16</i>	<i>Aged 16 and over</i>	<i>Under age 16</i>	<i>Aged 16 and over</i>	<i>Under age 16</i>	<i>Aged 16 and over</i>
M.	F.	M.	F.	M.	F.	M.	F.
1. Particulars of cases reported during 1953.							
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with"							
Action taken on reports by—							
(i) Local Education Authorities on children							
(1) while at school or liable to attend school	2	4	—	—	—	—	—
(2) on leaving special schools	—	—	—	—	—	—	—
(3) on leaving ordinary schools	—	—	1	1	—	—	—
(ii) Police or by Courts	—	—	—	—	—	—	—
(iii) Other sources	—	—	1	2	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	—	8	7	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	—	—	—	—
Total number of cases reported during the year							
	2	4	10	10	—	—	—

Total cases on
Authority's
registers 1.1.1954

During 1953							
Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
M.	F.	M.	F.	M.	F.	M.	F.

2. Disposal of cases.

(a) Of the cases ascertained to be defectives "subject to be dealt with" number

(i) Placed under Statutory Super-
vision

2 3 — — 18 10 67 43

(ii) Placed under Guardianship

— — — — — — 4 6

(iii) Taken to "Places of Safety"

— — — — — — 6 10

(iv) Admitted to Institutions

— 1 2 3 10 13 72 99

(b) Of the cases not ascertained to be defectives "subject to be dealt with" number

(i) Placed under Voluntary Super-
vision

— — 8 7 — — 15 15

(ii) Action unnecessary

— — — — — — — —

Total of Item 2

2 4 10 10 28 23 164 173

3. Classification of defectives in the Community on 1.1.54

(a) Cases included in item 2(a)(i) to (iii) above in need of institutional care :—

(1) In urgent need of institutional care :—

(i) "cot and chair" cases

— — — — 1 — — —

(ii) ambulant low grade cases

— — — — 3 3 — —

(iii) medium grade cases

— — — — — — — —

(iv) high grade cases

— — — — — — 4 2

(2) Not in urgent need of institutional care :—

(i) "cot and chair" cases

— — — — — — — —

(ii) ambulant low grade cases

— — — — — — — —

(iii) medium grade cases

— — — — — — — —

(iv) high grade cases

— — — — 3 2 — —

Total of item 3(a)

— — — — 7 5 4 2

No. of defectives under Guardianship on 1st January, 1954, who were dealt with under the provisions of Section 8 or 9 : Males—None ; Females—None.

(b) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i), number considered suitable for :—

(i) occupation centre

13 9 — 15

(ii) industrial centre

— — 14 —

(iii) home training

— — — —

Total of item 3(b)

13 9 14 15

(c) of the cases included in item 3(b) number receiving training on 1.1.54 :—

(i) in occupation centre

10 7 — 4

(ii) in industrial centre

— — — —

(iii) at home

— — — —

Total of item 3(c)

10 7 — 4

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1953, who have ceased to be under any of these forms of care during 1953.

(a) Ceased to be under care

M. F. T.
2 — 2

(b) Died, removed from area, or lost sight of

2 1 3

Total

4 1 5

5. Of the total number of mental defectives under supervision or Guardianship or no longer under care.

(a) Number who have given birth to Children while unmarried during 1953

1
Males Females
— —

() Number who have married during 1953

12. Priority Dental Services.

Report of the Chief Dental Officer.

Treatment of Expectant and Nursing Mothers and Children under Five Years.

All forms of dental treatment for the above classes of patient were carried out at the Authority's Health Centre. Details of the service are discussed in the following paragraphs :—

(a) *Dental Inspection or Examination.*

No alterations to the procedure adopted in previous years have been deemed necessary.

(b) *Dental Treatment.*

Facilities exist for a comprehensive dental treatment to be given.

It has been noted that with the increase in allowance to expectant mothers having their babies at home the numbers attending clinics has fallen sharply.

The practice of using the specialist anaesthetist for the administration of general anaesthetics has been continued during the year.

It is hoped to be able to increase the dental officer strength by one dental officer in 1954.

(c) *Arrangements for the Provision of Dentures.*

All denture work continues to be made in the Health Centre's Dental Laboratory.

In addition to the dentures provided, 12 repairs to dentures were done.

(d) *Facilities for X-ray Examination.*

X-ray examinations continue to be carried out in the Health Centre as and when they are considered necessary.

Tables recording treatment given to the Priority Dental Services are appended.

A. Numbers Provided with Dental Care.

	<i>Examined</i>	<i>Needing treatment</i>	<i>Treated</i>	<i>Made dentally fit</i>
Expectant & nursing mothers	1,489	826	400	302
Children under five years	711	459	415	410

B. Forms of Dental Treatment Provided.

	<i>Extractions</i>	<i>Anaesthetics</i>		<i>Fillings</i>	<i>Scal- ing or scal- ing & gum treat- ment</i>	<i>Silver Nitr- ate</i>	<i>Dres- sings</i>	<i>X-ray</i>	<i>Dentures provided</i>	
		<i>Local</i>	<i>Gen- eral</i>						<i>Com- plete</i>	<i>Par- tial</i>
Expectant & nursing mothers	1,386	22	269	312	120	—	44	47	92	106
Children under five years	1,071	—	441	26	—	—	5	—	—	—

13. Orthopaedic Treatment. (Report by Mr. A. E. Bremner, F.R.C.S.).

24 orthopaedic clinics were held at Greenesfield Health Centre during 1953.

New Cases.

132 new cases were examined. Of these 78 were school children who made 137 visits and 54 were children under school age who made 85 visits.

Cases already under Treatment.

In addition, 115 old cases made 195 visits to the orthopaedic clinic. Of these 70 were school children who made 128 visits, and 45 were children under school age who made 67 visits.

Summary of Defects.

CONGENITAL EFFECTS	<i>New cases</i>	<i>Old cases</i>	<i>Visits</i>
Congenital amputations	—	1	1
Congenital dislocation of hips	—	2	4
Erb's Palsy	—	2	3
Deformity of hands and feet	3	3	9
Talipes	2	2	7
Torticollis	4	5	15
Deformity of ribs	1	—	2
Deformity of radius and ulna	—	1	1
Giantism	—	1	1
Absence of both patellae	—	1	2
Absence of pectoralis major	—	1	1
Deformity of arm	—	1	1
	10	20	47

	<i>New cases</i>	<i>Old cases</i>	<i>Visits</i>
DEFORMITIES OF FEET			
Flat feet	19	16	71
Metatarsus adductus	4	2	10
Hallux valgus	2	1	6
Hallux rigidus	—	1	1
Pes cavus	2	2	5
Pes valgus	—	1	1
Deformity toes	6	6	19
Hammer toes	—	1	1
Adduction deformity feet	3	1	6
	<u>36</u>	<u>31</u>	<u>120</u>
DISEASES OF BONES AND JOINTS			
Perthe's disease	—	1	3
Sprengle's disease	1	—	2
Osteo-myelitis	—	1	1
	<u>1</u>	<u>2</u>	<u>6</u>
NERVOUS DISEASES			
Diplegia	3	6	12
Hemiplegia	—	8	14
Monoplegia	—	1	1
Paraplegia	—	1	2
Sequelae to poliomyelitis	2	5	14
	<u>5</u>	<u>21</u>	<u>43</u>
POSTURAL DEFECTS			
Kyphosis	1	—	2
Scoliosis	3	5	14
Lordosis	2	—	3
Defective posture	1	—	2
	<u>7</u>	<u>5</u>	<u>21</u>
RICKETS AND POST-RACHITIC DEFORMITIES			
Knock knees	14	20	53
Bow legs	11	12	35
	<u>25</u>	<u>32</u>	<u>88</u>
MISCELLANEOUS			
Ganglion	1	—	3
Exostosis	3	1	6
Bursa	1	—	2
Shortening of leg	—	2	4
Old fracture	1	—	3
Swelling of foot	1	—	2
Pain in foot	3	—	6
Pain in knee	2	1	4
Asymmetry of head	—	1	1
Deformity of chest wall	1	—	2
Burn contracture	—	2	2
Osteochondritis	1	—	5
Dislocated patella	1	—	2
Old Kohler's disease	1	—	2
Multiple enchondrosis	—	1	1
Torn cartilage	—	1	3
Deformity of elbow	1	—	3
Teno-synovitis	1	—	1
Osteitis	—	1	1
N.A.D.	31	2	39
	<u>49</u>	<u>12</u>	<u>92</u>

Appliances.

9 school children were recommended appliances ; 12 were supplied.
1 pre-school child was recommended an appliance ; 1 was supplied.

Alterations to shoes (valgus wedges) were carried out during the year as follows :—

Education	.....	161 cases
Maternity and child welfare	.....	57 cases

Treatments.

53 operations were performed at Queen Elizabeth Hospital, as follows :—

<i>Education</i>		<i>Maternity and child welfare</i>	
Amputations of toes	2	Tendo-achilles lengthening	2
Aspiration of abscess	4	Wedge resection of feet	2
Fractures : manipulation of	5	Club hand—M.U.A.	1
open reduction of	6	Congenital dislocation of hips	
Obturator and tibial neurec-		M.U.A.	4
tomies	5	Talipes M.U.A.	4
Removal of foreign bodies	2		
Stoeffell's operation	2		
Sundry operations on hands and			
feet	8		
Tendo-achilles lengthening	2		
Torticollis	2		
Wedge resection of feet	2		
	40		13

Physical Treatments.

Foot Conditions.

The course of treatment usually lasts about eight weeks. Work is carried out in classes and age groups :—

<i>No. of patients</i>	<i>No. of treatments</i>
396	2294

Modified Exercises.

The older children with only a slight foot condition were given one period of instruction at the Orthopaedic Clinic, and instructed to carry out the exercises at home. These children return periodically for a check.

<i>No. of patients</i>	<i>No. of treatments</i>
66	66

Postural re-education

Scoliosis	10	55
Lordosis	17	132
Kyphosis	4	20
Poor posture	48	284
	79	491

Chest-breathing exercises

	<i>No. of patients.</i>	<i>No. of treatments.</i>
Asthma	17	99
Bronchitis	7	52
Harrison's Sulcus	5	62
Atelectasis	12	70
Bronchiectasis	4	62
Poor respiratory movement } Pigeon chest Flat chest Funnel chest	22	169
	<u>67</u>	<u>514</u>

Individual Treatments

Cerebral palsy :		
Spastic hemiplegia	9	136
Spastic diplegia		
Spastic paraplegia		
Torticollis (post-operative) :		
Division of sterno-mastoid	4	25
Sterno-mastoid tumours	3	54
Traumatic Injuries :		
Fractures	18	160
Joint and Tendon injuries }		
Post-operative Treatment :		
Tendo achilles	8	95
Congenital dislocation of hips		
Miscellaneous		
	<u>42</u>	<u>470</u>

Open Air School.

One period of one hour per week was spent at the Open Air School. The following conditions were treated by the visiting Remedial Gymnast:

	<i>No. of patients</i>	<i>No. of treatments</i>
Post-operative		
Muscle transplantation }	2	16
Above knee amputation }		
Asthma and Bronchitis		
Breathing exercises }	12	72
Postural exercises		
Bronchiectasis		
Breathing exercises	6	62
Postural coughing		
Postural drainage		
Foot defects		
Valgus ankle	3	15
Pes planus		
Post-poliomyelitis		
General exercises	2	18
Re-education in walking }		
	<u>25</u>	<u>183</u>

14. Health Education.

Propaganda in the matter of health has been performed mainly through the personal contact between the health visitors of the local authority and the mothers on their districts. This has been particularly directed to securing vaccination and immunisation of young children. A certain amount, however, has been directed also to the prevention of home accidents.

Overt propaganda had depended mainly on the use of the old Empire Marking Boards for the display of notices issued by the Central Council for Health Education, and also on the exhibition stand supplied by the same Council for propaganda purposes in connection with other matters of social and physical health. The department, too, makes use of the birthday card as a reminder of the necessity for immunisation.

Perhaps the most continuous propaganda exercised by the Council on matters of health is in relation to the Clean Food Traders' Guild, whereby the Chief Sanitary Inspector has devoted much of his time to a general raising of the standards of food hygiene. Classes have been organised for workers in the food trades under the auspices of the Education Committee.

During 1953, the Medical Officer of Health gave a talk to the International Friendship League on matters of public health, and the superintendent health visitor and Miss Bradley, one of her staff, gave their regular lectures on behalf of the British Red Cross Society on the subject of home nursing.

C. Local Executive Council.

(Part IV of the National Health Service Act).

Through the kindness of the Secretary of the Local Executive Council, I am able to furnish the following information about the council service for the financial year ending March, 1954 :—

1. *General Medical Service.*

112,529 persons registered on the list of doctors in the area, which represents an increase of 85 on the corresponding figure of last year. Altogether there were 80 doctors on the medical list, of whom 44 reside in and have surgeries in Gateshead. The number of assistants employed by resident doctors was 6, 2 being on a part-time basis.

The average number of persons on the resident doctors' Gateshead and neighbouring Council's lists is 3,047 (based on 39 fully-active doctors). Including full-time assistant doctors as one half, this average is reduced to 2,900.

In the obstetric list, 29 resident doctors of the Borough have been included, and 788 women received maternity medical attention during 1953. In 416 cases the doctor was present at the confinement and 648 patients received the full maternity service. In 140 cases either ante-natal care, including attendance for miscarriages or post-natal care only was given.

The amounts paid to doctors during the year ended 31st March, 1954, were as below :—

Capitation payments	£	95,331
Additional "loadings"		17,674
Temporary residents		510
Maternity medical services		5,409
Hardship and Initial Practice Payments		291
		£119,215

2. *Pharmaceutical Services.*

There were 28 chemists shops under agreement to dispense medicine, drugs and scheduled appliances, and 3 contractors supplying surgical appliances (2 situated outside the Borough). The total payments to chemists in the year (excluding rota payments) was £96,089 19s. 3d.

3. *Dental Service.*

There are 24 dentists on the list, with three assistants. The cost of this service during 1953 was £37,027, a reduction of £3,229 on the previous year.

4. *Ophthalmic Service.*

Five ophthalmic medical practitioners and 26 ophthalmic opticians were under agreement with the ophthalmic services committee to test sight and dispense glasses. One dispensing optician is also under contract with the Council. Three of the ophthalmic medical practitioners, 13 (four premises) of the ophthalmic opticians and the dispensing optician practise outside the Borough. The cost of sight testing amounted to £6,498 4s. 0d., as against £5,735 11s. 6d. in the previous year.

During the year, 8,011 pairs of glasses were approved for supply as follows :—6,026 were prescribed a single pair of glasses, 411 bifocal glasses, 1,268 two pairs of glasses and 306 single lenses to one pair. The number of pairs actually supplied during the year to 31st March, 1954, was 7,924, and the cost of this service to public funds amounted to £7,209 7s. 0d., the charges paid by the patients being £8,865 5s. 9d.

69 persons have applied to opticians to have glasses, previously supplied to them under the National Health Service, repaired or replaced. In 29 of these cases, the Ophthalmic Service Committee was satisfied that the breakage or loss was due to personal carelessness and no charge fell on public funds, apart from 3 cases which were allowed on the grounds that payment would involve the applicant in financial hardship. 635 school children applied for replacement or repair of their glasses. During the year, the Committee decided to make use of its powers under the Regulations to recover from the Local Education Authorities concerned, the cost of the replacement or repair of the glasses of school children where there was evidence of lack of care on the part of the pupil. The amount paid from public funds for the repair and replacement of glasses was £288 13s. 6d., of which amount £124 11s. 1d. was recovered from the Local Education Authorities.

990 sight tests were given to children of school age and under at the Greenesfield Health Centre by the Ophthalmologists, Mr. H. Vernon Ingram and Mr. J. S. Arkle.

D. Other Health Services.

1. *School Health Service and Clinics.*

In Gateshead, the treatment arrangements for children of school age and under have been unified so that minor ailments, ophthalmic, orthopaedic, dental and artificial sunlight treatment is available to children under 15 years of age.

For the purposes of making the survey of the local health services comprehensive, the following statistics of the annual report on the school medical services are included. School children on the register at the end of the year numbered 17,654. Of these, 5,426 were submitted to routine medical examination on entrance, at 11 years of age, and on leaving. 56.4 per cent of the parents of children examined by routine were present at the inspection. The nutrition of the children examined at school medical inspection was assessed as good in 95.7 per cent. of the children, a satisfactory figure for Gateshead. 2,175 children attended the minor ailments clinic. 722 school children were prescribed spectacles for errors of refraction, but the waiting list for ophthalmic investigations at the end of the year numbered 249 names. The orthoptic service, which was started in 1948, continued during the year, when 303 school children received treatment.

The special school for physically handicapped children at "The Cedars", Low Fell, was opened on the 1st December, 1952, and at the end of 1953 4 residential pupils were accommodated and 22 day pupils.

2. *Gateshead Dispensary.*

In the case of the Gateshead Dispensary, a clinic for the treatment of psychosomatic conditions has been carried on by Dr. J. C. Hall, since the appointed day under the National Health Service Act. I am indebted to Dr. Hall for permission to include the following extracts from his annual report :—

"The number of patients treated at the clinic during the year was 66, this figure comprising 41 women and 25 men. Last year 62 patients were undergoing treatment, *i.e.* 39 women and 23 men.

The conditions of the patients treated during the year were as follows :—

	<i>Men</i>	<i>Women</i>
Anxiety State ..	11	20
Epilepsy ..	1	1
Asthma ..	3	4
Sex problems	3	—
Migraine ..	—	2
Depression	1	4
Obsessions ..	2	1
Schizoid ..	1	1
Hysteria ..	—	2
Traumatic Neurosis	1	1
High Blood Pressure ..	—	1
Eczema ..	—	2
Organic Disease ..	1	1
Organ Neurosis	1	1

The particulars of the sessions held during the year are as follows :—

Day Sessions	.....	.....	.....	796
Evening sessions	.....	.....	.....	218
Saturday sessions	.....	.....	.....	81
Total	.....	.....	.....	<u>1095</u>

Gas (Nitrous Oxide) was used in 31 sessions and I am glad to report to you again that only good results accrued when it was used. There were never any ill effects after use either bodily or mentally.

Thirty-three new patients were accepted during the year, and twenty were discharged. The new patients fell into the following groups :—

				<i>Men</i>	<i>Women</i>
Anxiety	.....	.....	.....	6	10
Obsessions	.....	.....	.....	2	—
Sex trouble	.....	.....	.....	3	1
Asthma	.....	.....	.....	2	1
Traumatic Neurosis	.....	.....	.....	1	—
Depression	.....	.....	.....	1	2
Organic Disease	.....	.....	.....	1	1
Organ Neurosis	.....	.....	.....	1	—
Hysteria	.....	.....	.....	—	2
Epilepsy	.....	.....	.....	—	1
Tic	.....	.....	.....	—	1

The discharged patients fell into the following groups :—

				<i>Men</i>	<i>Women</i>
Anxiety	.....	.....	.....	1	4
Sex	.....	.....	.....	2	1
Obsession	.....	.....	.....	1	—
Schizoid	.....	.....	.....	1	1
Depression	.....	.....	.....	1	2
Organ neurosis	.....	.....	.....	1	—
Asthma	.....	.....	.....	—	2
Hysteria	.....	.....	.....	—	1
Migraine	.....	.....	.....	—	1
Eczema	.....	.....	.....	—	1

Six of the patients, 5 men and 1 woman, had had hospital treatment before coming to the Clinic. Of these 6, four are progressing slowly and showing definite improvement. The two remaining improved for a while and then relapsed.

Although the greater number of the patients are drawn from Gateshead, Newcastle and Dunston, yet we still continue to attract them from places outside this area. To mention examples of this there are 2 patients from Durham, 1 from South Shields, 1 from Willington Quay, 1 from Whitburn, 1 from Ashington etc.”

PART III. PREVENTION AND TREATMENT OF DISEASE.

A. Infectious Diseases.

Summary of cases coming to the knowledge of the health department in 1953 :—

<i>Disease</i>	<i>Cases notified or otherwise known</i>	<i>Removed to Isolation Hospital</i>	<i>Corrected No. of Cases</i>	<i>Deaths in Area</i>	<i>Deaths in Isolation Hospital</i>
Notifiable					
Scarlet fever	174	131	170	0	0
Whooping cough	512	25	513	2	1
Diphtheria	5	5	0	0	0
Measles	1415	8	1416	0	0
Acute primary & influenzal pneumonia	351	238	338	43	15
Meningococcal infection	22	31	9	3	3
Acute poliomyelitis					
paralytic	4 }	19	6	1*	0
non-paralytic	4 }		6	0	0
Acute encephalitis					
infective	2 }	1	0	0	0
post-infectious	0 }				
Dysentery	43	4	45	0	0
Ophthalmia neonatorum	0	0	0	0	0
Puerperal pyrexia	12	2	12	0	1
Paratyphoid fever	2	0	2	0	0
Erysipelas	19	6	17	0	0
Scabies	15	0	15	0	0
Food poisoning	21	6	21	0	0
Pulmonary tuberculosis	266	54	255	29	3
Non-pulmonary tuberculosis	43	12	42	3	—
(miliary)	(7)	(7)	(7)	0	0
Non-notifiable					
Chickenpox	52	4	Unknown	0	0
Mumps	26	0	—	0	0
Infective hepatitis	22	2	—	0	0
Rubella	0	0	—	0	0
Gastro-enteritis	44	44	—	1	1
Dysentery carriers	35	0	35	0	0
Salmonella carriers	8	0	8	0	0
Ringworm	26	—	26	—	—

*—1952 case.

In 1953, 2,867 cases of notifiable disease came to the notice of the Medical Officer of Health, as compared with 2,264, the comparable total for 1952. The features of interest during the year were a spring outbreak of measles, some prevalence of whooping cough during the first nine months of the year, a prevalence of chickenpox in January and of influenza in February and May. There was also a fairly widespread outbreak of bronchopneumonia affecting chiefly young infants and children under five years in the months of November and December, which apparently passed without serious mortality. Throughout the year sporadic cases of infectious hepatitis were known to have occurred, and at the end of the year there was a limited prevalence of mumps.

(1) **Notifiable Diseases.**

Scarlet Fever. This disease has continued to be of sporadic incidence throughout the year, chiefly affecting children under ten years, and roughly two thirds of the patients were removed to the isolation hospital, where the disease was observed to continue the mild form common since the use of the antibiotic drugs. The reason for the hospitalisation of scarlet fever in Gateshead is the prevalent overcrowding and insanitary housing conditions in many areas.

Whooping Cough. This disease now tends to be of continuous endemic prevalence in the Borough, affecting chiefly children under school age. There were also two deaths from the disease, both in young infants, one of whom was moribund on admission to the isolation hospital, and the other died in the Children's Hospital in Newcastle. As combined prophylaxis against diphtheria and whooping cough have been practised now for several years in the young children of the Borough it seems that the severity of whooping cough and its mortality have been much diminished, while hospital care of the severe cases combined with the use of aureomycin and chloromycetin have further tended to remove the dangers of the disease. Arrangements are in being for the follow-up of some of the hospital cases who have been discharged with known residual abnormalities in the lungs. These, fortunately, usually clear up in the course of time.

Diphtheria. Although a number of suspected cases were admitted to hospital there was no patient within the Borough who really suffered from diphtheria, nor was a single diphtheria carrier found. This is the second successive year that the absence of diphtheria has to be regarded as a reflection of the success of the diphtheria immunisation campaign. Actually there were 2 diphtheria cases in 1951 and 7 in 1950 and in 1949.

Measles. The end of 1952 saw a recrudescence of this disease which had been mildly epidemic in the first half of 1952, so that there was some prevalence in the first quarter and a fading out of the disease by the month of June. The total numbers involved in the epidemic were 1,416, as against 1,338 in the previous year. There were no deaths from measles in 1953.

Pneumonia and Influenza. The ascertainment of pneumonia is fairly complete in this Borough, thanks to the local provision of facilities for hospital treatment of these conditions, especially in the local infectious diseases hospital. Many of the cases so ascertained are not strictly in the class of acute primary or influenzal pneumonia, but rather represent the continuous menace which this disease of varied bacteriological etiology presents to citizens of all ages. In 1953, 43 local deaths were ascribed to pneumonia and bronchopneumonia, and 16 deaths to influenza. These influenzal deaths were associated with the local prevalence of this disease affecting persons mainly in February and March, and no less than 7 of the deaths were in persons over 75.

In the last seven weeks of 1953, 108 cases of pneumonia came to the knowledge of the health department. Of this number, 75 were children under five years, 63 being infants among whom there were two deaths.

The prevalence of pneumonia in infants appeared to have begun about the 10th November, from which date infants were admitted in increasing numbers to hospital, the peak being in the first week of December, when 19 young children altogether were admitted. Of the 75 pre-school children, 43 were treated at Sheriff Hill Hospital, 26 at Gateshead Children's Hospital and 6 were nursed at home. These children presented the typical appearance of bronchopneumonia, mostly with extreme difficulty in breathing. They reacted very quickly to treatment with oxygen, penicillin and sulphonamide medication. On x-ray examination, signs of collapse or consolidation of the lung were apparent in only a quarter. In most cases the condition seems to have been one of capillary bronchitis or bronchiolitis. Specimens from the infants incriminated no specific organism and the infection is believed to have been due to a virus.

Two of the infants, aged three weeks and three months respectively, died, one in the ambulance taking him to hospital and the other suddenly at home. The latter case was found to have pneumonia on post-mortem examination.

When the prevalence of bronchopneumonia became apparent, close enquiries were made in the homes of the affected children, and out of 53 families visited no less than 35 had a history of recent illnesses in the household, these taking the form of bronchitis or the ordinary cold. The homes of the patients were for the most part scattered in the crowded areas of the town.

Enquiries were also made into the meteorological factors that might account for an illness which showed itself as a catarrh in the adults and as lung infection in the young children, and the only factor that seems to count is a sudden change of temperature which occurred about the 10th November, when the mean temperature rose from 42—54°F within a week and an equally sudden change in temperature on the 20th November, when the mean temperature fell suddenly in two days from 50—40°F. During the latter half of December, when pneumonia was particularly prevalent, the mean daily temperature ranged between 38 and 45°F.

Another possible factor influencing the condition was a gradual fall in the relative humidity of the external air from 96 per cent on the 25th November to 70 per cent on the 3rd December, following which there was a very rapid increase of humidity to the level of 90 per cent within two days.

As a point of interest, it was noted that only three of the 29 children under six months who suffered from pneumonia were breastfed.

Meningococcal Infection. 9 cases of meningococcal infection were notified and there were 3 deaths, 2 of these being children under 2, and one adult of 53 years all of whom suffered the septicaemic form of the disease.

Poliomyelitis. 12 cases of poliomyelitis were notified. 6 of them suffered from the paralytic form of the disease. None of these cases died, but there was one death of a child who suffered the disease in a very severe form in 1952 and was left permanently disabled in her respiratory and trunk muscles.

Acute Encephalitis. One case of acute encephalitis of untraced etiology came to light in September and made a successful recovery.

Dysentery. Dysentery of the Sonne variety continued its sporadic prevalence mainly in the last six months of the year. Altogether 45 cases came to light, as compared with 47 in the previous year. There were no deaths from the disease. Most of the cases were treated at home and specimens were sought from all the domestic contacts wherever the organism was detected in a patient. 35 carriers were detected and were kept under surveillance until negative specimens were obtained. It was not necessary to suspend any of these from work on grounds of food hygiene.

Enteric Fever. 2 cases admitted for observation to the local isolation hospital proved to be suffering from paratyphoid fever. These were of differing Phage Types and therefore were not connected.

Scabies. Only 15 cases of scabies were notified, in accordance with a local regulation, during the year, as compared with 12 in the previous year. These were satisfactorily treated at home.

(2) **Non-Notifiable Diseases.**

Most of the information concerning non-notifiable diseases occurring in the Borough comes from the reports made by the school attendance officers who inform this department of any unusual prevalence. Some information comes to the notice of the department through the matrons of the day nurseries, and hospital returns, too, add to the knowledge of the prevalence of these non-notifiable conditions.

Chickenpox was ascertained mainly in the day nurseries of the Borough. The disease was prevalent in the period covering November 1953 to January, 1954.

A small sporadic incidence of mumps was also noted during the period October to December, 1953.

Rubella so far as is known was not prevalent in the area during 1953.

Infective hepatitis was known to have occurred in the months of February, April, May and June, and again in November among school children. There was no mortality.

The 44 cases of infantile gastro-enteritis referred to in the table were admitted to Sheriff Hill Hospital, and did not reveal any specific bacteriological cause for their condition.

Ringworm affected the scalp of 6 school children and the body of 20 others. 6 cases were treated by the dermatologist.

(3) **Supervision of Contacts.**

No contacts of infectious disease occurring outside the area were noted for supervision during the year.

(4) Infestation and Uncleanliness.

Every effort continues to be made to educate public opinion against verminous infestations of the heads of children. Although there was no prosecution for this type of neglect in 1953, it is still far too common to find infested heads in the population.

Among the aged and infirm lack of personal cleanliness and indeed verminous infestation presents a problem which has sometimes to be solved by removal of the infected person to either hospital or to hostel. This lack of cleanliness is, of course, a condition which takes some time to develop in the individual cases and every effort is being made to bring the remedial agencies, notably the home help and district nursing association services, to bear on the care of these patients as early as possible.

(B) Suspected Food Poisoning and Salmonellosis.

The following table is the annual statement required by the Ministry of Health :—

(1)	<i>Local Authority</i> —Gateshead C.B.				<i>Year 1953.</i>
(2)	<i>Food Poisoning Notifications</i> (corrected) returned to Registrar General.				
	<i>1st Qtr.</i>	<i>2nd Qtr.</i>	<i>3rd Qtr.</i>	<i>4th Qtr.</i>	<i>Total</i>
	4	7	7	3	21
(3)	<i>Outbreaks due to Identified Agents</i>				
	<i>Total Outbreaks</i> — 2		<i>Total Cases</i> — 6		
	Outbreaks due to :—				
	(a) Chemical poisons				—
	(b) Salmonella organisms				1
	(c) Staphylococci (incl. toxins)				1
	(d) Cl. Botulinum				—
	(e) Other bacteria (B. Coli and toxins)				—
					2
					—
(4)	<i>Outbreaks of Undiscovered Cause</i>				
	<i>Total Outbreaks</i>	.....	.....	Nil.	<i>Total Cases</i> Nil.
(5)	<i>Single Cases</i>				
	<i>Agents Identified</i> —15	<i>Unknown Cause</i> —Nil		<i>Total</i> —15	
	Salmonella Organisms	S. Thompson	.....		9
		S. Typhimurium	.....		2
	Staphylococci		.....		4
					—
					15

Among the contacts were discovered the following symptomless excreters :—

S. Anatum	.....	.....	.....	3
S. Typhimurium	.....	.....	.....	4
S. Thompson	.....	.....	.....	1
Staphylococci	.....	.....	.....	2
Shig. Sonnei	.....	.....	.....	1

A baby aged 14 months was admitted to the Children's Hospital with sickness and diarrhoea on 11.2.53. Specimens from this child showed the presence of *S. Typhimurium*, and she was removed to Sheriff Hill Hospital. Investigation of the family contacts showed that a sister, aged 8 years, also had suffered from slight enteritis and her stools showed the presence of the same organism. At the time the case came to light the mother was in Bensham Hospital for her confinement and in her case there was a history of enteritis prior to admission. Fortunately in hospital faecal specimens when examined proved to be negative in her case.

On 8.4.53, a mother and three children, aged 8, 4 and 1 year, were admitted to Sheriff Hill Hospital, all suffering from vomiting and collapse. The history was that at the mid-day meal some six hours before, they had had mince, processed peas, lentils, tea, bread and butter. In hospital the mother and the oldest child recovered rapidly, but the two younger children remained collapsed and indeed the youngest was pulseless. Under hospital care they all recovered after the onset of some diarrhoea. Specimens of the patients' faeces showed the presence of coagulase positive staphylococcus aureus and the absence of other pathogens. Remains of the meal consumed were available along with the tin which contained the processed peas. Both the tin container and the processed peas yielded coagulase positive staphylococcus aureus. Further samples from the consignment of processed peas were obtained from the retailer and submitted to laboratory examination and found to be sound. In this case it does seem that there was some contamination of the peas in the tin because it was opened for use only ten minutes before consumption.

Salmonella prevalence, especially of *S. Typhimurium*, continues to produce symptoms in individual cases within the Borough. The contacts of such cases are asked to submit specimens and in 5 instances symptomless carriers of these organism came to light. In one other instance a Sonne Dysentery carrier came to light among the contacts of *S. Typhimurium* illness.

Reference has been made to the association of staphylococcus aureus with the processed peas. The same organism was incriminated in the case of a man of 50 years admitted to hospital with sickness and diarrhoea following the consumption of imported cooked mussels. Although these mussels had a fairly large sale, this was the only case of illness following the consumption that came to light.

In two infants and one child who suffered from abdominal symptoms staphylococcus aureus was isolated from the stools. This appears to have been a food infection.

One child of three months died in a nursery (not included in the foregoing return). The cause of death was certified after an inquest as due to acute bronchopneumonia and terminal septicaemia due to infection by haemolytic streptococcus and staphylococcus aureus.

County Borough of Gateshead

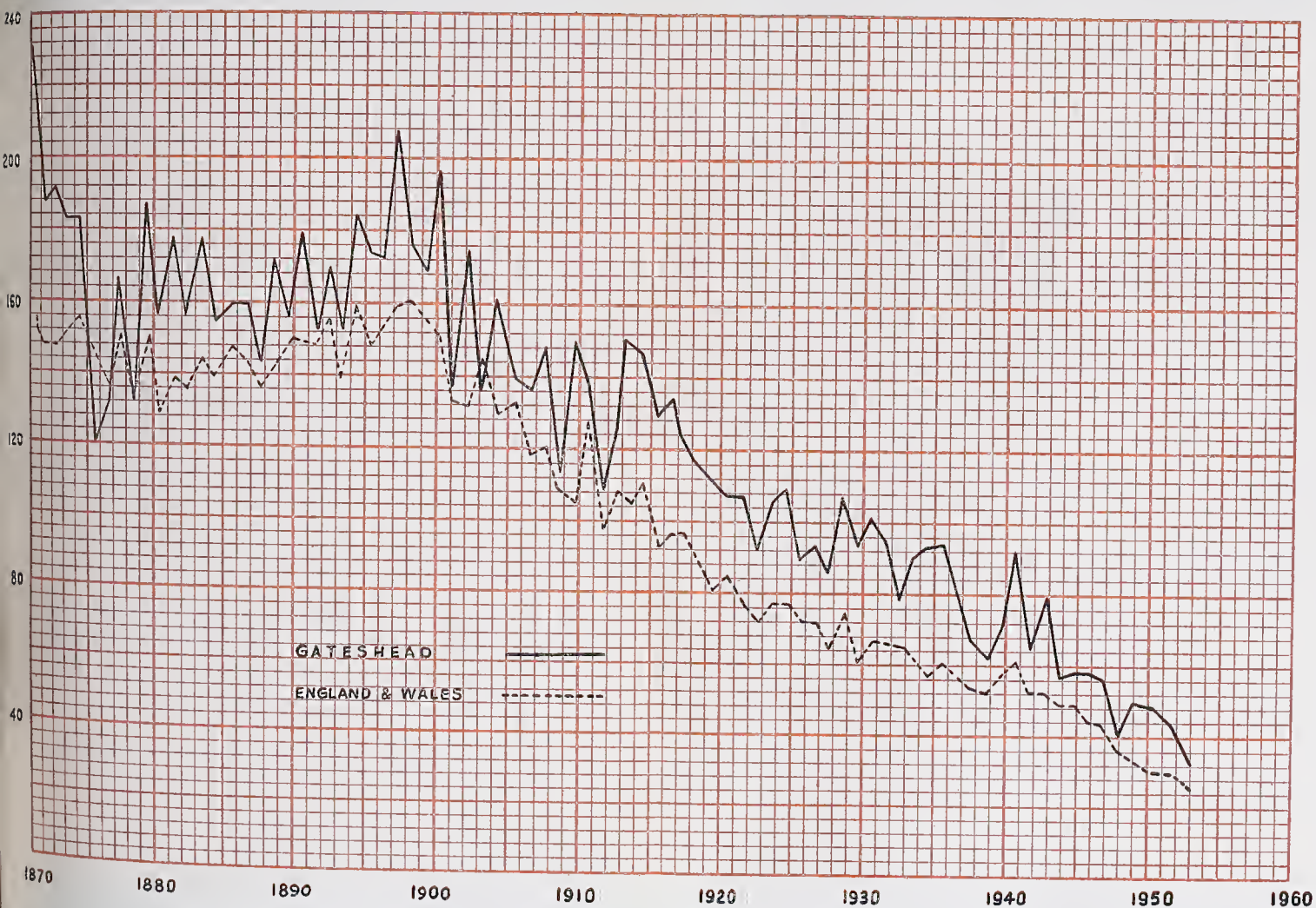
INFANTILE MORTALITY per 1,000 live births

1871 - 1953

AVERAGE INFANTILE MORTALITY RATES

1871-1880 172	1881-1890 161	1891-1900 174	1901-1910 149	1911-1920 127	1921-1930 96	1931-1940 81	1941-1950 59
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Rate per
1,000 live
births



A baker who worked in a Pork Shop was suspended from work for four days on account of gastro-intestinal symptoms. His loss of wages was refunded, but after four days he was allowed to return to work as he was not a carrier of pathogenic organisms.

C. Tuberculosis.

(Report of Dr. S. D. Rowlands, Consultant Chest Physician, Gateshead).

Chest Clinic.

Clinics have been held every morning throughout the year from 9 to 12 a.m. Evening clinics were discontinued as there appeared to be no need for them to be held, most patients being able to attend on a Saturday morning.

During 1953 a total of 2,409 new patients were interviewed. This is a reduction from the previous year's figure of some 1,500. This is accounted for by the fact that cases sent up by a general practitioner primarily for x-ray and found to have no chest trouble have not been entered in the clinic register, only cases actually interviewed by a doctor being counted.

These 2,409 attendances included 1,011 new contacts and 18 inward transfers. The remainder were cases sent by general practitioners for investigation from the Mass Radiography Unit or school medical officers.

The total attendances, new and old cases, numbered 8,649.

Contacts.

1,011 new contacts of tuberculous patients were examined during the year. Of these, 25 were found to be suffering from pulmonary tuberculosis (males 3, females 6, children 16) and referred for treatment. 23 were still under observation at the end of the year and the remainder were free from evidence of active disease.

All the contacts of every new case of tuberculosis diagnosed are recommended to attend for x-ray examination, or Mantoux test in the case of young children, by the clinic health visitor when she makes her first visit to the home of the patient. There is usually no difficulty in getting the children seen but many of the adults do not attend. They usually plead that they cannot afford to lose work to attend the clinic but in a good many cases it is probably apathy or a fear of something being found wrong with them. Backsliders are looked up at subsequent visits by the health visitor and every effort is made to get them to attend either the chest clinic or Mass Radiography Unit.

Many old contacts are seen each year for an annual check, but it is impossible to keep a complete annual check of all contacts as the numbers are too great and there is neither the necessary medical or clinical staff to deal with them or time available.

Among non-contacts, 282 new cases of tuberculosis were diagnosed and another 30 were still under observation at the end of the year.

During the year 137 patients (males 33, females 47, children 57) were removed from the clinic register as recovered. 55 patients left the district and another 27 cases were removed from the register for various reasons.

The total number of Gateshead residents on the clinic notification register at the end of the year was 1,339, made up as follows :—

<i>Pulmonary tuberculosis—</i>			<i>Non-pulmonary tuberculosis—</i>		
Males	..	549	Males	..	38
Females	..	478	Females	..	51
Children	.....	166	Children	.....	57
		1193			146

1. Statistics.

Primary Notifications.

309 new cases of tuberculosis were added to the register during the year, 266 being cases of pulmonary tuberculosis (males 142, females 124) and 43 non-pulmonary tuberculosis (males 19, females 24), the latter being made up as follows :—

Bones and joints	17
Abdomen	4
Other organs	7
Peripheral glands	8
Meningitis	7

This shows an increase of 10 cases of pulmonary tuberculosis and 15 cases of non-pulmonary tuberculosis over the previous year.

15 cases of pulmonary tuberculosis previously notified were subsequently cancelled as non-tuberculous. 4 cases of pulmonary tuberculosis died unnotified and must be added to the morbidity figures.

The nett total of new cases added to the notification register was therefore as follows :—

Pulmonary tuberculosis	255
Other tubercular diseases	42
	297

There has again been an increased morbidity in this town for the fourth year in succession. Every effort is, of course, being made to find new cases, and it is evident that success is being achieved in this campaign, but the facilities for doing so are no different now from what they were many years ago. It must be assumed therefore that there is definite increase in morbidity of tuberculosis and it is most likely due to the increasing number of chronic infectious cases alive today due to the amazing decline in the death rate.

Re-housing of many of the infectious cases is yet to be done and, unfortunately, no priority is given to this class of case in the allocation of council houses.

The extension of B.C.G. vaccination to cover all school leavers found to be tuberculin negative would no doubt reduce tuberculosis morbidity over a period of years. In the meantime, however, only the time honoured methods of finding, treating and isolating known infectious cases can be pursued.

As far as can be ascertained there are in Gateshead 167 cases of pulmonary tuberculosis who have been infectious within the past 6 months and 145 known to have been infectious at some time during the year. 325 others who had at one time a positive sputum are now negative. This makes a total of 637 who have been infectious cases of which the above 167 are still deemed to be so.

There may well be many other persons in the town suffering from infectious pulmonary tuberculosis who have not yet been diagnosed and if this number be placed as low as 50 it is not likely to be over estimated.

Of the known recently infectious cases 118 were in hospital receiving treatment at the end of the year, leaving 49 in their own homes, some confined to bed and under treatment but many ambulant and potential sources of infection. The majority of these can be considered safe as they know they are infectious and take the necessary precautions to avoid infecting others. It cannot be denied, however, that some known cases, of a lower mental calibre, do not take the necessary care. It is the unknown case who is the most dangerous and they have often had the disease for many weeks before their symptoms cause them to seek medical advice.

The incidence rate for 1953 (calculated on a population figure of 113,500) are :—

Pulmonary tuberculosis	.....	.....	2.18 per 1000
Other tubercular diseases	.....	.....	0.34 per 1000
Total (all forms)	.....	.....	2.52 per 1000

New cases notified with notification rates during the past 10 years are as follows :—

Year	No. of new cases			Incidence rates per 1,000 population		All forms
	P.T.	O.T.D.	Total	P.T.	O.T.D.	
1944	244	55	299	2.33	0.52	2.86
1945	218	52	270	2.06	0.49	2.55
1946	228	47	275	2.01	0.42	2.43
1947	237	34	271	2.08	0.29	2.37
1948	232	47	279	2.01	0.41	2.42
1949	250	30	280	2.17	0.26	2.43
1950	220	41	261	1.9	0.35	2.25
1951	227	38	265	1.97	0.33	2.30
1952	243	28	271	2.12	0.24	2.36
1953	255	42	297	2.24	0.37	2.61

2. Deaths.

The Registrar General's return of tuberculosis deaths for 1953 is as follows :—

<i>Pulmonary tuberculosis</i>			<i>Other tubercular diseases</i>		
Males	...	20	Males		1
Females .....	.....	9	Females		2
Total .....	.....	<u>29</u>	Total		<u>3</u>

The death rates for 1953 are :—

Pulmonary	0.25 per 1000
Other tubercular diseases	0.02 per 1000
Total (all forms)	0.27 per 1000

These rates compare with those for England and Wales for 1953 as under :—

Pulmonary	0.179
Other tubercular diseases	0.022
Total (all forms)	0.201

The following table shows the total deaths and death rate during the past 10 years :—

<i>Year</i>	<i>Total deaths</i>			<i>Death rate per 1,000 population</i>		
	<i>P.T.</i>	<i>O.T.D.</i>	<i>Total</i>	<i>P.T.</i>	<i>O.T.D.</i>	<i>Total</i>
1944	122	22	144	1.17	0.21	1.38
1945	98	27	125	0.928	0.25	1.18
1946	75	21	96	0.667	0.187	0.855
1947	93	17	110	0.81	0.15	0.96
1948	99	17	117	0.86	0.15	1.01
1949	91	10	101	0.79	0.087	0.87
1950	64	11	75	0.55	0.09	0.64
1951	47	11	58	0.41	0.09	0.5
1952	45	4	49	0.39	0.03	0.42
1953	29	3	32	0.25	0.02	0.27

The extraordinary decline in tuberculosis deaths thus continues which has been noted since the introduction of the new anti-tuberculosis drugs, and a new low record achieved. The fear at one time felt that new cases of tuberculosis may be infected by resistant strains of tubercle bacilli does not seem to have materialised as the great majority of new cases treated have responded well to chemotherapy. It is, nevertheless, essential not to use these drugs indiscriminately and they should only be given under careful medical supervision.

The age distribution of new cases, inwards, transfers and deaths is given in the appended table :—

Age Periods	New cases				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0—1	2	—	—	—	—	—	—	—
1—5	5	4	4	1	—	—	—	—
5—10	8	6	1	1	—	—	—	—
10—15	12	11	4	3	—	—	—	—
15—20	19	29	5	4	—	—	1	—
20—25	8	25	2	2	—	—	—	1
25—35	27	35	1	7	—	5	—	—
35—45	21	12	1	3	3	1	—	1
45—55	32	3	1	1	5	1	—	—
55—65	14	3	1	1	9	1	—	—
65 & up	5	2	—	1	3	1	—	—
Totals	153	130	20	24	20	9	1	2

It will be seen that the greater incidence in males is between 25—55 years and in females from 15—35 years, and deaths in males are mostly in the later age groups while in females this occurs in the 25—35 age group. This tendency has been noted for several years.

The figures in the above table include all primary notifications and also others reported to the Medical Officer of Health from the following sources :—

	Pulmonary tuberculosis	Other tubercular diseases
(a) Local registrar	2	—
(b) Registrar General	2	—
(c) Posthumous	—	—
(d) Inward transfers	13	—
(e) Outward transferable deaths	1	—

Investigation of the time elapsing between notification and death shows that 84.2% of cases occurred over a year from notification and 60.6% over 2 years from being first diagnosed. This maintains the improvement noted in recent years and points to the efficiency of early treatment and the fact that fewer cases are left undiscovered until they are in an advanced stage of the disease.

With reference to the 4 cases who died un-notified, enquiry showed that 2 were thought to be previously notified and 2 others were old cases previously cured and thought notified.

Facilities for diagnosis are adequate and a patient can be sent to Whinney House Hospital x-ray department every day except Friday, no radiographer being available on that day.

The special general practitioner's clinic on Saturday morning continues to attract large numbers and all of these are radiographed on 70 mm. films.

During the year 10,824 x-ray examinations were carried out in this x-ray department which is over 3,500 more than the previous year and about the limit with which this unit can deal.

Domiciliary Visiting.

During the year the same system of domiciliary visiting obtained.

The chest clinic health visitor makes the first visit and enquires into all the circumstances of the home and the numbers of contacts. Subsequent regular visits are made by the general staff of health visitors employed by the local authority.

The following home visits were made during the year :—

First visits (by chest clinic health visitor)	317
Revisits	1612

Special visits at the request of private practitioners were made by the chest physician in 21 instances.

From the records of housing conditions of new cases notified during the year the following facts were elicited :—

- 123 patients occupied a separate bedroom ;
- 21 patients occupied a separate bed with others in the room ;
- 130 patients occupied the same bed as other members of the family.

Of the latter, 105 had one person sharing the bed, 15 had two others and 10 had more than two others.

The housing accommodation of 274 cases completely investigated was :—

1 roomed tenement	23 cases
2 rooms	59 „
3 rooms	81 „
4 rooms	84 „
Over 4 rooms	27 „

Thus 89.8% of the new cases lived in homes having 4 rooms or less.

Re-Housing.

During 1953 only 7% (a total of 23 families) were allocated council houses. This compares with 5.3% (13 families) in the previous year.

It is felt that some greater priority should be extended to the re-housing of tuberculous families, large numbers of whom are known to be living in very overcrowded conditions.

Hospital Treatment.

The treatment of tuberculosis cases remains the responsibility of the Regional Hospital Board.

Beds allocated to the Gateshead Tuberculosis District (which includes Felling, Pelaw, Whickham Dunston and Ryton, with an estimated population of about 200,000) during the greater part of the year was :—

	<i>Males</i>	<i>Females</i>
Whinney House Hospital	25	27
(after 26.10.53)	37	27
Sheriff Hill I.D. Hospital	12	12
Hollywood Hall Sanatorium	36	20
Wooley Sanatorium	25	25
Norman's Riding Hospital	—	28

Children's beds are not included in the above. These are available as required at Stannington Children's Sanatorium and Gateshead Children's Hospital.

Additional beds for orthopaedic cases are also provided at Sheriff Hill I.D. Hospital under the care of Mr. Bremner, the orthopaedic surgeon for the district.

The following table shows the number of cases treated during the year (Gateshead residents only) :—

Table of Admissions, Discharges and Deaths in Institutions.

	<i>In on 1st day of year</i>			<i>Admitted</i>			<i>Discharged</i>			<i>Died</i>			<i>In on last day of year</i>		
	<i>M</i>	<i>F</i>	<i>Ch</i>	<i>M</i>	<i>F</i>	<i>Ch</i>	<i>M</i>	<i>F</i>	<i>Ch</i>	<i>M</i>	<i>F</i>	<i>Ch</i>	<i>M</i>	<i>F</i>	<i>Ch</i>
Whinney House Hospital	17	17	—	64	67	—	56	65	—	1	—	—	24	19	—
Norman's Riding Hospital	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—
Gateshead Children's Hospital	—	—	8	—	—	10	—	—	14	—	—	—	—	—	4
Hollywood Hall Sanatorium	—	—	—	—	5	—	—	2	—	—	—	—	—	3	—
Wooley Sanatorium	8	2	1	3	1	—	9	1	1	—	—	—	2	2	—
Stannington Sanatorium	—	—	20	—	—	30	—	—	21	—	—	—	—	—	29
Whickham Cottage Hospital	2	1	—	4	7	2	3	6	2	—	—	—	3	2	—
Wooley Sanatorium	13	5	—	32	33	—	34	25	—	—	—	—	11	13	—
Sheriff Hill I.D. Hospital	19	17	2	36	45	12	46	49	12	2	2	1	7	11	1
Hollywood Hall Sanatorium	10	—	—	26	2	—	25	1	—	—	—	—	11	1	—
Norman's Riding Hospital	7	14	3	36	56	1	31	52	4	—	—	—	12	18	—
Whinney House Sanatorium	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—
Totals	76	56	35	203	216	55	204	201	55	3	2	1	72	69	34

Artificial Sunlight Treatment.

At the Gateshead Chest Clinic selected cases are treated by ultra-violet rays. During the year a total of 74 sessions were held and 92 treatments given to 11 patients (tubercular adenitis 10 cases, tuberculosis of the skin 1 case).

After-Care and Rehabilitation.

Close liaison is kept with the District Resettlement Officer who was able to find suitable work for 54 patients out of a total of 71 patients referred to him. In addition, 22 patients were admitted to Felling Rehabilitation Centre for build-up before returning to work.

There is still difficulty in finding light work for men ; many suitable jobs being normally carried out by women. It is sometimes necessary therefore to allow a man to take employment which may not be entirely suitable. It is felt, however, that the fact that a man is back to work and earning his living has an important psychological effect which outweighs the possible unsuitability of the particular job he is doing.

Rehabilitation.

The Remploi Factories in this district are unwilling to accept infectious cases of tuberculosis. It is expected, however, that a factory will be built soon in Newcastle upon Tyne, especially for this type of case. Such a factory is very necessary as so many men, owing to the infectious nature of their illness, cannot find work in ordinary industry but are quite capable and willing to do something to earn their living.

B.C.G. Vaccination.

B.C.G. vaccination is offered and advised to all tuberculin negative reactors among contacts, especially child contacts, and in the majority of cases is accepted.

During the year 165 contacts were vaccinated and also 28 members of the hospital staffs.

These vaccinations have resulted in no sequelae and have all been successfully completed.

All cases vaccinated in previous years have been seen on the anniversary of their vaccination and all have remained well. No case of tuberculosis has yet been diagnosed in any individual vaccinated at the Gateshead clinic although many have been exposed to infection. This is of great importance and shows that B.C.G. vaccination does confer a high degree of immunity to tuberculosis. It is hoped that B.C.G. vaccination will before long be extended to cover school leavers who are found to be tuberculin negative reactors.

The following table gives a general resume of the cases seen and dealt with at the chest clinic during 1953 :—

	Respiratory			Non-respiratory			Totals			Grand Totals
	M	W	Ch	M	W	Ch	M	W	Ch	
1. Number of notified cases of T.B. on clinic registers on 1st January, 1953...	556	467	204	36	37	41	592	504	245	1341
2. Transfers from clinics under other H.M.Cs. or B.Gs. during the year	3	10	3	1	1	—	4	11	3	18
3. Children transferred to adults during the year	16	11	—	2	2	—	18	13	—	31
4. Cases lost sight of which returned to clinic during the year	—	7	—	—	—	—	—	7	—	7
Number of New Cases diagnosed as tuberculosis during the year :—										
T.B. MINUS	66	52	37	2	5	3	68	57	40	165
T.B. PLUS	59	47	6	1	2	2	60	49	8	117
Totals of A and B	700	594	250	42	47	46	742	641	296	1679
Number of cases in A and B written off clinic registers during the year :—										
(1) Recovered	27	42	49	6	5	8	33	47	57	137
(2) Died (all causes)	23	10	—	—	1	1	23	11	1	35
(3) Removed to other H.M.C. or B.G. clinics	21	24	6	1	3	—	22	27	6	55
(4) Children transferred to adults during the year	—	—	27	—	—	4	—	—	31	31
(5) Other reasons	11	6	5	3	1	1	14	7	6	27
Totals of C	82	82	87	10	10	14	92	92	101	285
1. Number of notified cases of T.B. on clinic registers on 31st December 1953										
2. Number of above known to have had positive sputum within preceding six months	618	512	163	32	37	32	650	549	195	1394
(a) Number of persons (excluding transfers) first examined during the year	—	—	—	—	—	—	888	894	609	2391
(b) Number of those in (a) who attended as Contacts and who were :—										
(1) Diagnosed as tuberculous	—	—	—	—	—	—	3	6	16	25
(2) Not tuberculous	—	—	—	—	—	—	101	138	724	963
(3) Not determined (as at 31st December, 1953)	—	—	—	—	—	—	5	8	10	23
Number of patients on clinic registers awaiting admission to T.B. Institution										
	18	23	—	—	—	—	18	23	—	41
1. Number on Clinic Register on 1st January, 1953 1,341										
2. Number of attendances at the Clinic including contacts 7,947										
3. No. of :—										
(a) Specimens of sputum examined 2,669										
(b) X-ray examinations made in connection with Clinic work 4,528										

S. D. ROWLANDS, M.D., B.Hy., D.P.H.,

Consultant Chest Physician.

D. VENEREAL DISEASES.

Return relating to Gateshead Cases treated at Ward 34, Newcastle General Hospital, 1953.

	<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Conditions other than Venereal</i>		<i>Totals 1953</i>			1952	1951	1950
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>Total</i>			
Persons under treatment or observation on 1st January, 1953 ..	101	123	6	5	15	15	122	143	265	285	304	318
Old cases, returned ..	1	4	—	—	—	—	1	4	5	4	5	9
New cases—Syphilis :—												
primary ..	—	—	—	—	—	—	—	—	—	1	2	8
secondary ..	1	1	—	—	—	—	1	1	2	—	1	3
latent, 1st year of infection ..	1	1	—	—	—	—	1	1	2	1	—	—
late, ..	6	6	—	—	—	—	6	6	12	17	22	18
congenital ..	2	3	—	—	—	—	2	3	5	1	4	1
gonorrhoea ..	—	—	38	12	—	—	38	12	50	30	50	43
soft chancre ..	—	—	—	—	—	—	—	—	—	—	—	—
other venereal ..	—	—	—	—	—	—	—	—	—	—	—	—
Non-venereal ..	—	—	—	—	164	48	164	48	212	228	208	197
Conditions undiagnosed at 31.12.53 ..	—	—	—	—	—	—	—	—	—	—	—	—
Cases transferred from other areas ..	4	4	1	—	1	—	6	4	10	8	7	9
Totals ..	116	142	45	17	180	63	341	222	563	575	603	606
Cases discharged after cure ..	5	13	25	12	159	56	189	81	270	277	270	236
Cases ceasing attendance before completing treatment :—												
Acquired Syphilis—												
under 1 year ..	—	—	—	—	—	—	—	—	—	2	1	14
over 1 year ..	—	1	—	—	—	—	—	1	1			
Congenital Syphilis—												
under 1 year ..	—	—	—	—	—	—	—	—	—			
over 1 year ..	—	—	—	—	—	—	—	—	—			
Gonorrhoea ..	—	—	—	—	—	—	—	—	—	—	—	2
No. of cases under treatment or observation who died from the disease ..	1	—	—	—	—	—	1	—	1	—	—	—
From other causes ..	4	—	—	—	—	—	4	—	4	—	2	5
Defaulters :—												
(a) Syphilis ..	5	—	—	—	—	—	5	—	5	4	10	14
(b) Gonorrhoea (before 3 months) ..	—	—	3	—	—	—	3	—	3			
(c) Gonorrhoea (after 3 months) ..	—	—	—	—	—	—	—	—	—			
Cases transferred to other centres or to private practitioners ..	6	2	9	—	2	—	17	2	19	27	36	31
Cases under treatment on 31.12.53 ..	95	126	8	5	19	7	122	138	260	265	284	304
Totals ..	116	142	45	17	180	63	341	222	563	575	603	606
No. of attendances for medical treatment ..	1177	1399	400	154	411	165	1988	1718	3706	3382	4044	4077
No. attendances for intermediate treatment ..	104	—	—	—	160	10	264	10	274	159	358	123

W. V. MACFARLANE, M.D., D.P.H.,*Physician in Charge.*

From the annual report of the Venereal Diseases Department of the Newcastle General Hospital it is learned that the contacts of 28 Gateshead cases were named, the majority of them being female. Of these, 21 were sought together with one contact carried over from 1952. Of these 22 contacts 16 were identified, one contact being named more than once. 14 of these attended for examination, and as a result one was found to be suffering from syphilis, 12 from gonorrhoea and one was found not to be suffering from venereal diseases. 2 of the contacts absolutely refused to co-operate by attending for examination.

It is also interesting to note that in connection with the Gateshead births 1,702 ante-natal Wassermann tests were carried out, *i.e.*, 82 per cent. On the other hand, only 49 of these tests were carried out by practitioners, the remainder having been done at the hospital or municipal ante-natal clinics.

PART IV — MISCELLANEOUS SERVICES.

A. National Assistance Act, 1948 (Section 47).

12 persons were referred to the Medical Officer of Health for possible action under the above Act.

Information as to the cases was received from district welfare officers, the District Nursing Association, a sub-tenant, a husband and a clergyman. In 6 cases the necessary certificates were issued and in 4 of these the urgency certificate under the Amendment Act of 1951 was also given. As a result, all were removed to Fountain View Welfare Hostel. 3 of the remaining cases were provided with home helps and 2 were referred for further observation before taking any legal action. One patient agreed to enter the welfare hostel voluntarily.

The follow-up of the 6 cases compulsorily removed to the hostel shows that three persons agreed to remain voluntarily, one was allowed to return to her home which had been rehabilitated by the home helps, one died in the hostel, and at the end of the year one other case was still detained under the terms of the original certificate. Renewal certificates were given for the continuation of detention of a blind and deaf senile man, for whom no relative could be found to assume responsibility.

B. Welfare of the Blind.

Through the courtesy of Mr. E. Waton, Director of Welfare Services, I am able to reproduce the following tables relative to the status of the blind at the end of the year :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Registered Blind Persons	128	158	286
Persons in Residential Accommodation			
Fountain View	7	9	16
Beacon View	1	1	2
Chronic Ward, Bensham General Hospital	1	—	1
	9	10	19

Children Aged under 16 years

Educable	1	1	2
Uneducable	—	—	—
	1	1	2

Attending Special Schools for the Blind

—	—	—
---	---	---

Occupations of Employed Persons*Workshops for the Blind—*

Basket workers	4	—	4
Mattress makers	1	—	1
Brush makers	4	—	4
Sewing machinists	—	—	—
Mat makers	6	—	6
Ships fender makers	—	—	—
Machine knitter	—	1	1
	15	1	16

Physically and Mentally Defective and Mentally Disordered.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Mentally disordered	—	—	—
Mentally defective	3	—	3
Physically defective	6	2	8
Deaf without speech	2	3	5
Deaf with speech	2	3	5
Hard of hearing	9	11	20
	22	19	41

The additional information required by the Minister of Health in his circular dealing with the annual report for 1953 is given in the following tables :—

Follow-up of Registered Blind Persons.

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(I) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8. recommends :—	8	3	1	14
(a) No treatment	1	—	1	12
(b) Treatment (medical, surgical or optical)	7	3	—	2
(II) Number of cases at (I) (b) above which on follow-up action have received treatment	6	1	—	2

Follow-up of Registered Partially Sighted Persons.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(I) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8. recommends :—	4	3	—	13
(a) No treatment	2	1	—	10
(b) Treatment (medical, surgical or optical)	2	2	—	3
(II) Number of cases at (I) (b) above which on follow-up action have received treatment	1	2	—	1

There were no cases of ophthalmia neonatorum notified during the year 1953.

Epileptics and Spastics.

It is requested in the Ministry of Health circular that the annual report should contain a short statement giving the availability of institutions for epilepsy and cerebral palsy in the area, together with a brief review of the facilities available. Enquiries have therefore been made from the Director of Welfare Services and from the Disablement Rehabilitation Officer, and the information so supplied has been correlated with the information available in the health department.

So far as epilepsy is concerned, it appears that there are three pre-school children definitely suffering from the disease and four in whom fits are occurring that may be epileptic. Among school children, the information is that there are three epileptics having special education in residential schools outside the Borough and 8 epileptics who are attending ordinary school. There are also 3 epileptic mentally defective children not at school. Among adolescents and adults it appears that 40 males and 15 females have registered as epileptic persons, a total of 55. 26 males and 13 females are employed at ordinary occupations and 10 males and 2 females are unemployed, while 4 males are specially employed in the Remploy Factories.

From the point of view of the welfare services, only 13 epileptics living at home have come to light, together with 7 who are permanently housed at Fountain View Welfare Hostel. There are no local facilities specially dedicated to the care of persons suffering from epilepsy, nor indeed is there any satisfactory co-ordination between the diagnostic and treatment services and the welfare services, although efforts are made from the school medical service with a view to keeping in touch with the treatment of epileptics who are attending ordinary schools.

The position in regard to spastic children is that in the pre-school population 3 cases are known. Among the school population 19 are known, and 6 of these are having education in the Cedars Special School, 1 in the Percy Hedley School, 7 attend ordinary school and 2 are not at school. 3 children are notified mentally defectives. Educationally, these children present great difficulty and attempts are always being made to have these children educated in accordance with their mental disabilities and other handicaps.

Spastics in the adult population are apparently not catered for at all. The Ministry of Labour Rehabilitation Officer only knows of one spastic and the Director of Welfare Services knows of 2. One of these is in full employment in the welfare offices. There is no information about the other and indeed nothing has been done officially for the other adult spastics, at least so far as this health department is aware.

C. Pharmacy and Poisons Act.

24 persons were registered for the sale of poisons listed in Part III of the Poisons List, and these were supervised on behalf of the Council by the Pharmaceutical Society's Inspector, who has reported that the provisions of the Act were adhered to in all cases.

D. Superannuation Acts.

38 persons (20 males and 18 females) were examined for new appointments with the Gateshead Local Authority. Under the modified scheme for manual workers employed by the Local Authority 70 persons were examined (62 males and 8 females). 3 males were examined in connection with appointments with other authorities.

PART V. — SANITARY CIRCUMSTANCES OF THE AREA.

(Report of the Chief Sanitary Inspector—W. Anthony Mears).

Taking a retrospect of 1953, when one had visions of an all out attack upon Slums, a feeling of prolonged frustration in this field of activity (or inactivity) has to be recorded, for once again cherished hopes have been born only to fade away unfulfilled. Dare one seriously look for the rejuvenation of this branch of our work when the Housing Repair and Rents Bill becomes law? Surely this must be the prelude—nay more than that—the bold frontal attack and nothing less, on this most pressing of all problems facing local authorities today, *i.e.* the clearing away of those areas of decayed damp, dark and obsolete ruins at present used by the many unfortunate occupiers as home. What a travesty of that fair name is this poignant situation.

A. Water Supply

The town water supply is obtained from the reservoirs of the Newcastle and Gateshead Water Company. The main supply is upland surface water from large catchment areas in the Cheviots where the principal impounding reservoir is at Catcleugh, the remainder coming from reservoirs in the North Tyne Valley at Colt Crag, Hallington and Whittle Dene Areas.

All the water supplied to Tyneside by the Company passes through Whittle Dene Works where there are five large and two small reservoirs. These sources are above suspicion but the water is subject to slow sand filtration and partly to mechanical filtration and thereafter chlorinated prior to being piped to service reservoirs and mains.

The lower parts of Gateshead are supplied by gravitation from depots at Whittle Dene, whilst a pumping station raises the water for the higher parts of the town to two reservoirs at Beacon Lough (520 feet) and Carr Hill (450 feet).

The Water Company's monthly statement of "Water in Store" expressed in terms of million gallons is shown below. Days supply is based on an average daily reduction of 28 million gallons.

		<i>Million Gallons</i>	<i>Days Supply</i>
January	.....	4,746	169
February	.....	4,901	175
March	.....	4,689	168
April	.....	5,041	180
May	.....	4,795	171
June	.....	4,561	163
July	.....	4,465	159
August	.....	3,862	138
September	.....	4,129	147
October	.....	3,660	131
November	.....	4,017	143
December	.....	4,232	151

- (1) The water supply in the whole area is satisfactory in quality and quantity.
- (2) Regular examinations were made of the water going into supply.
- (3) There is very little chance of Plumbo-solvent action in the public water supply.
- (4) Practically all supplies are direct to the 32,973 houses with a population of 113,500; of these there are 2,055 where the supply is not inside the house.
- (5) Thirteen samples were taken for bacteriological examination and thirteen for chemical analysis.

A specimen result of the tests of the piped supply from the Water Company is given below :—

<i>Chemical Examination</i>	<i>Parts per Million</i>	<i>Bacteriological Examination Plate Count Colonies per ml.</i>
Total Solids dried at 180°C.	166	Coliform bacillus per 100 ml. 0
Chlorine as chlorides	12.4	
Free Ammonia	None	
Albuminoid Ammonia	Trace	
Nitrogen as nitrates	0.45	
Oxygen absorbed (4hrs. at 80°F.)	2.90	
Total Hardness	115.0	
Permanent Hardness	55.0	
Temporary Hardness	60.0	
Lead and Copper	None	
Iron	0.1	
Appearance and colour (Hazen degrees 20)	Pale Yellow and clear	
Smell and Taste	Satisfactory	
Microscopical Examination of Deposit	Satisfactory	
P.H. Value 7.1		

B. Sewerage, Drainage and Closet Accommodation.

Work on the Western Outfall Sewer (Section 3) has now been completed. The remaining sections 1 and 2 have been prepared and may be included in next year's work.

Belle Vue Bank relief sewer and Chow Dene Flooding relief sewer schemes have been prepared and approved. Both may be commenced next year.

East Park Road sewer enlargement scheme is in course of preparation.

Water carriage is the system throughout the Borough with the exception of a few isolated houses on the outskirts of the town where sewers are not available. The exceptions are in the areas added to the town in 1936 and most of them will disappear in the near future as Demolition Orders become operative.

C. River Pollution.

The River Tyne continues to be polluted by crude sewage from this and the other riparian authorities with results that have been criticised adversely in previous annual reports.

A meeting of The Tyneside Local Authority Officials regarding Tyneside Sewage Disposal have favoured the provision of a pumping station to pump sewage to a point where it would flow by gravity to Souter Point or North to a point near to St. Mary's Lighthouse.

Steps are being taken to engage, in conjunction with other Councils concerned, consultants to carry out float tests in this connection.

D. Public Cleansing.

I am indebted to Mr. W. C. S. Culley, M.Inst.P.C., Cleansing Superintendent, for a summary of the year's work.

1. Refuse Collection.

Number of Dust Bins and Dry Boxes in the Borough 35,651

During the year a regular weekly collection of House and Trade Refuse was maintained, and it is calculated that approximately 1,853,852 calls were made for Dust-Bins and Dry Boxes from all classes of premises.

The refuse collected was utilised to reclaim disused land and quarries, and by means of controlled tipping 43,495 tons was disposed of as follows :—

Farnacres Tip	8,728 tons
Springwell Tip	34,767 tons
	43,495 tons

2. Dust Bins.

1,138 defective bins were replaced by British Standard Dust Bins from the stocks of this Department by sales to local property owners and Corporation Departments.

3. Street Cleansing.

The roads and streets of the Borough, of which there are approximately 130 miles (plus back lanes) were regularly cleansed, and the quantity of street sweepings collected amounted to 5,182 tons which was disposed of as follows :—

Farnacres Tip	.....	2,891 tons
Springwell Tip	.....	2,179 tons
Sheriff Hill Tip	.....	112 tons
		5,182 tons

Three mechanical sweeper collectors (2 of modern design) and an average of 30 men per day were employed on this work.

6. Street Gullies.

Approximately 7,100 street gullies were emptied, cleansed and re-sealed at monthly intervals or less during the year, by two modern vehicle-mounted machines. These machines can, when necessary be used for street watering and pressure washing, sewer flushing and cesspool emptying.

5. Salvage.

During the past twelve months the market for re-usable waste materials has again declined and with the removal of Government directives in this connection, the quantity sold and income derived therefrom has further declined to :—

Total tonnage returned to Industry	956 tons
Total revenue	£4,539

It is anticipated that during the coming year the collection of Salvage will not be a separate service but will be merged with Refuse Collection and Disposal.

E. Swimming Baths.

The water at both Mulgrave Terrace and Shipcote Swimming Baths is taken from the Town Supply and in each case is subject to continuous filtration and chlorination treatment.

Four samples were taken for bacteriological examination, all of which were found satisfactory.

F. (1) Inspections and Notices.

Complaints received and dealt with :—

General Defects	.....	1,693
Absence of Water Supply	.....	525
Rodent Infestation	.....	315
Other Vermin	.....	131
Dustbins	.....	171
		2,835

Sanitary Inspection—Notices Issued.

Notices were served upon the owners, agents and tenants requiring the abatement of nuisances and repair to dwellings, drains, sanitary conveniences, etc.

No. of Informal Notices served	1,457
No. of Informal Notices complied with	1,427
No. of Premises respecting which Statutory Notices were served	54
No. of Premises where Statutory Notices were complied with	34
No. of Premises concerning which Statutory Notices were passed to the Borough Surveyor to carry out in default	35
No. of Statutory Notices to provide dustbins	128
No. of Premises respecting which Statutory Nuisance Notices were served	29
No. of Premises respecting which Statutory Nuisance Notices were complied with	3
No. of Informal Notices (Food and Drugs Act) served	78
No. of Informal Notices (Food and Drugs Act) complied with	33
No. of Statutory Notices (Shops Act) served	1
No. of Statutory Notices (Shops Act) complied with	1

(2) Summary of Inspectors' Visits and Inspections.**Public Health Act.**

Infectious Diseases	327
Nuisances	713
Water Supplies	610
Drainage	1,161
Stables and Piggeries	130
Offensive Trades	65
Tents, Vans, Sheds	17
Refuse Disposal	591
Atmospheric Pollution	84
Infested Premises	245
Public Conveniences	22
Schools	17
Places of Entertainment	205
Miscellaneous	34
Public Houses	170
	4,391

Housing Act.

Closing and Demolition Orders	524
Slum Clearance	44
Houses let in lodgings	17
Overcrowding	5
Defects and Repairs	9,453
Housing Surveys	2,899
	12,942

Food and Drugs Act.

Food Inspections : Meat	159
Other Foods	436
Inspection of :—	
Public Houses	162
Shops	1,902
Stalls	4
Vehicles	4
Restaurants	189
Food Factories	189
Fish Fryers	239
Dairies and Milkshops	704
Ice Cream Factories	41
Ice Cream Shops	267
Knackers Yard	22

Food Poisoning Cases	63	
Sampling Food and Drugs	619	
		5,000
Fertilisers and Feeding Stuffs Act.		
Sampling	17	
		17
Merchandise Marks Act, 1926	39	
		39
Factories Act.		
Factories	123	
Outworkers	4	
		127
Pet Animals Act		18
Shops Act		1,413
Rag Flock Act		23
Diseases of Animals Act		202
Prevention of Damage by Pests Act		909
	Total Inspections	25,081
	Total Visits	21,418

3. Places of Public Entertainment.

In accordance with the Ministry of Health Circular dated 25th August, 1920, all places of Public Entertainment in the Borough, comprising two theatres, fourteen cinemas, three billiard halls and twenty-nine halls licensed for music, dancing and singing were inspected and certificates as to satisfactory sanitary conditions were issued in respect of one theatre, thirteen cinemas, three billiard halls and twenty-nine licensed halls.

Certificates were issued in respect of one theatre, and one cinema subject to the condition that certain works were carried out. The works required were duly executed.

The number of inspections of all these premises carried out during the year was 205.

4. Houses Let in Lodgings.

There are 53 tenements on the register.

5. Offensive Trades.

There are 9 offensive trades authorised to operate in the Borough as shown in the summary below. Regular inspections of these premises were made.

Fat Melter	.....	1
Tallow Melters and Blood Driers		2
Marine Store Dealers	---	4
Tripe Preparers	.....	1
Hide and Skins	.....	1
		9

6. Burial Act, 1857.

No action was necessary during the year.

7. Knackers Yard.

The following animals and carcasses were disposed of at Dobson's Knackers Yard, South Shore Road. The premises were satisfactorily conducted.

Horses and Ponies	.....	378
Cows	.....	483
T.B. Cows (T.B. Order)	.....	13
Other Bovines	.....	386
Sheep	.....	—
Pigs	.....	10
TOTAL	.....	1,270

8. Bakehouses.

There are in the Borough :—

Factory Bakehouses with mechanical power	44
Factory Bakehouses manual	9

The sanitary conditions were generally found satisfactory.

9. Shops Act, 1950, Section 38.

The following works were carried out under the provisions of the Shops Act and Registration of Food Producing Premises and for the purposes of the Food and Drugs Act, 1938.

1. Suitable washing facilities provided or made available	78
2. Water supply with wash basin and adequate drainage provided	9
3. Sanitary accommodation provided or made available	8
4. General repairs	73
5. Premises Cleansed	209
6. Drains cleared and repaired	12
7. Premises disinfested	6
8. Suitable means of ventilation provided	8
9. Suitable means of heating provided	6

10. Fertilisers and Feeding Stuffs.

Premises producing fertilisers and feeding stuffs were regularly visited during the year and ten formal samples, six of fertilisers and four of feeding stuffs were taken by the inspectors for analysis by the Agricultural Analyst.

Of the four samples of feeding stuffs, three were found on analysis to be satisfactory and in one case the Statutory Statement was found to be inaccurate.

Of the six samples of fertilisers three were found on analysis to be satisfactory and in the other three the Statutory statements were found to be inaccurate.

In all cases where statutory statements or irregularities were found, letters of caution were sent to the manufacturers and the vendors and in one case, where a fertiliser had been manufactured in another district, the Inspector under the Act for that district was notified and co-operated by taking further samples at the place of manufacture.

The Ministry of Agriculture and Fisheries is kept informed of all sampling under the Act and the results thereof by means of the Quarterly Reports on Form B.491/CC.

11. Merchandise Marks Act, 1926.

All orders in respect of foodstuffs have now been re-imposed.

Handbills drawing attention to the provisions of the Orders have been left with the traders concerned and in many cases advice given on labelling etc.

One butcher was cautioned for removing the disc from an imported Argentine Turkey when dressing it for the customer.

12. Prevention of Damage by Pests Act, 1949.

The continuation of the maintenance treatment of the Sewers in accordance with Ministry of Agriculture and Fisheries scheme resulted in two further treatments, 19th and 20th (17th and 18th maintenance) and test baitings being carried out.

Surface surveys and treatments of dwelling houses, factories and refuse tips were also carried out as shown below. The use of the new anti-coagulant—WARFARIN—treatment does not allow of estimated kill figures being kept.

Rodent Control in Sewers.

	<i>1st Treatment</i>	<i>2nd Treatment</i>
Number of sewer manholes	1,817	1,758
Number of manholes test baited	869	928
Number of manholes pre-baited	223	510
Number of manholes poison baited	183	229
Number of poison baits taken	141	186
Estimated kill of rats in sewers	473	620
Total estimated kill for both treatments	1,093	

Rodent Control in Surface Premises.

<i>Type of Premises</i>	<i>Local Authority Premises</i>	<i>Dwelling houses</i>	<i>Business and other Premises</i>	<i>Totals</i>
1. Number of complaints of infestations	15	233	57	305
2. Number of infestations found by inspection of premises :—				
(a) Rats	13	89	58	160
(b) Mice	12	243	24	279
3. Number of treatments of premises by Local Authority's Rodent Operators	24	306	75	405
4. Number of premises treated by Occupiers	—	21	6	27

13. Disinfestation of Verminous Premises.

The number of houses requiring treatment on account of bug and flea infestation remained at a low figure. Whether this position, which is not confined to this town, can be attributed to the use of more efficient insecticides, *e.g.* D.D.T. and Gammexane or to a higher standard of cleanliness in the homes must remain a matter of conjecture. Whatever the cause, it is a matter for much satisfaction that vermin infested houses are very much the exception today. The following table shows the number of premises treated.

Premises treated for Cockroaches.

Council houses	18
Private Houses	5
Hospitals	3
Restaurants	3
	— 29

Premises treated for Bugs and Other Vermin—

Council Houses	20
Private Houses	38
	— 58

Furniture disinfected on removal to Council houses 68

155

14. Atmospheric Pollution.

Regular observations of factory chimneys were taken, particularly of those known to be offenders, and cautioned.

The attention of the Shed Master of a local British Railways Engine Sheds was again drawn to the serious pollution caused by locomotives, which by virtue of their size cannot be serviced in the sheds provided but have to be serviced on the only available siding adjoining the sheds and within 40 yards of dwellings. This siding is, unfortunately, upwind from the houses so that, daily to a lesser degree, but weekly when the locos are re-lighted after Sunday off to a most serious degree, the unfortunate residents of the nearby houses are subjected to what can only be described as Dantes Inferno minus the combustion. One appreciates

that trains have to operate but surely this ought to be possible without converting the neighbourhood into a smoke belt of such a magnitude as only those unfortunate enough to have to live there can appreciate. Suggestions have been made to British Railways and it is confidently hoped that some real improvement will be effected thereby.

- (1) The Paper Making Factory referred to in previous reports have almost completed the installation of a new boiler with automatic chain grate stoking. This will be in operation early in 1954.
- (2) The brewery management has put into operation many of the recommendations of the Ministry of Fuel and Power with some improvement.
- (3) A trial chain grate stoker has been installed by the National Coal Board to one of their four Lancashire Boilers at the local Coke Works. If found satisfactory the remaining three boilers will be similarly converted.

Chemical Heap Combustion.

The large heap of chemical factory waste which developed internal combustion on the perimeter two years ago with very unpleasant results is now almost burnt itself out and is not considered of sufficient significance to warrant further action at the moment.

Deposit Gauges.

The readings of the three deposit gauges for 1952 and 1953 are shown below :—

Site of Gauge		Deposit tons per sq. mile		Mean Average Tons per sq. mile	
		1952	1953		
Corporation Yard	Month	18.08	21.21	}	
	Year	217.04	254.56		
Chipcote	Month	16.68	17.03	}	Month
	Year	200.16	204.31			Year
Sheriff Hill Hospital	Month	17.25	11.85	}	1952 17.3
	Year	207.03	142.16			1953 16.69
					208.07
					200.34
Estimated weight of deposit on the Borough—Tons per month		1952 121.1	1953 118.5		
Estimated weight of deposit on the Borough—Tons per year		1,453.2	1,422.0		

The estimated amount of deposit on the Borough for 1953 shows a slight reduction on the 1952 figures which might be partly attributed to weather conditions and partly to the present trend on the part of the public towards the prevention of atmospheric pollution.

The above figures would appear to demonstrate quite clearly that pollution from dwelling houses is not insignificant. The making of smokeless zones when possible should reduce the gross contamination of the atmosphere and this can be hastened by a plentiful supply of smokeless fuel at a price within the reach of poor people and sufficiently comparable with raw coal in combustion and heat as to create a demand for its use on the part of the general public.

15. Infectious Diseases.

327 visits were made to cases of infectious diseases notified to the Medical Officer of Health. Housing conditions, means of isolation and milk supply etc. were enquired into.

16. Factories Act, 1937 and 1948.

The Register of Factories required to be kept by the District Council in accordance with Section 8 (3) of the Act of 1937, has been revised after comparison with the lists of factories kept by H.M. Inspector of Factories and shows a total of 426 factories in the Borough at the end of the year, of which 394 are factories in which mechanical power is used and 32 factories in which mechanical power is not used.

Defects and contraventions found during the course of inspection were readily remedied by the factory occupiers upon their attention being drawn to such and in only two cases were written notices necessary.

Notices received from H.M. Inspector of Factories in respect of factories in the Borough relating to matters requiring the attention of the District Council under the provisions of Part I of the Act of 1937 received attention with satisfactory results.

The co-operation which continues to be maintained between the Department and H.M. Inspectors facilitates the work under the Act with beneficial results.

The particulars required by section 128 (3) of the Act of 1937 to be reported with respect to matters under Part I and Part VIII of the Act which are administered by the District Council and prescribed by Form 572 of the Ministry of Labour and National Service are shown in the table below :—

(1) Inspections.

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspect- ions</i>	<i>Written Notices</i>	<i>Occupier Prosecuted</i>
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	31	28	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	394	95	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority	1	1	—	—
TOTAL	426	124	2	—

(2) Cases in which Defects were found.

Particulars	Number of cases in which defects were found				Prose- cutions
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	6	2	—	1	—
Overcrowding	—	—	—	—	—
Unreasonable Temperature	—	—	—	—	—
Inadequate Ventilation	1	1	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences :—					
(a) Insufficient	2	3	—	—	—
(b) Unsuitable or defective	30	34	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work)	—	—	—	—	—
TOTALS	39	40	—	5	—

Part VIII of the Act, Outwork (Sections 110 and 111).

One outworker was notified as being employed by the occupier of a factory within the Borough.

One outworker was registered in Gateshead for the early part of the year but none for the latter part of the year.

The place of employment of this outworker was visited. There was no contravention of Part VIII of the Act.

17. Rag Flock and Other Filling Materials Act, 1951.

There are in the Borough the following premises licensed or registered under the Act as shown :—

Premises licensed to manufacture Rag Flock	1
Premises registered to use filling materials to which the Act applies	12
TOTAL	13

Eleven samples of Filling Materials for analysis were taken at Licensed and Registered premises as follows :—

Rag Flock	3 Samples
Woollen Felt	2 „
Cotton Felt	2 „
Woollen Flock	1 Sample
Feathers	1 „
Coir Fibre	1 „
Algerian Fibre	1 „
TOTAL	11

The tests showed that all samples complied with the requirements of the regulations.

Nine visits were made to licensed and registered premises during the year. In one case only was it found that records were not being kept in the prescribed manner and the occupier of the premises was warned by written communication.

G. Diseases of Animals Act and Orders.

Live Stock Markets.

Statement of number of animals which passed through Messrs. Maughan's Auction Marts, Tyne Road East, which is an official collecting centre.

	<i>Fat Stock for Slaughter</i>	<i>Store Stock</i>
Cattle	1,492	14
Sheep	4,339	25
Calves	127	—
Pigs	7,742	2,453
Dairy Cows	—	—
Horses	—	483
	<u>13,700</u>	<u>2,975</u>

65 Sales were held and one of the staff attended all sales for the purposes of issuing movement licences and the general supervision of cleansing and disinfection.

Pedigree Pig Sales.

Two half-yearly shows and sales of Pedigree Pigs on behalf of the North of England Pedigree Pig Breeders Association were held at Maughan's Mart in March and October.

The aim of this Association is to improve the standard and to encourage the breeding of the finest Pedigree Pig Stocks. The excellent specimens on show would appear to demonstrate that the Association has achieved no small degree of success in this respect.

Irish Animals Order — Authorised Market.

No Sales of freshly landed cattle took place.

Transit of Animals Order.

Cleansing and Disinfection of road vehicles was supervised at Messrs. Maughan's Washing Dock, Redheugh Bridge Road at which 352 vehicles were dealt with.

Regulation of Movement of Swine Order, 1950.

Movements of animals under this order were as follows :—

	<i>No. of Licences</i>	<i>No. of Swine</i>
Movements of Swine from Maughan's Auction Mart to premises outside the Borough	363	2,186
Movements of Swine from Maughan's Auction Mart to premises within the Borough	36	255
Movements of Swine to premises within the Borough received and checked	47	888
Movements of Swine into Maughan's Auction Mart as Collecting Centre for Animals for slaughter were received and checked	44	196

Swine Fever and Other Scheduled Diseases.

The Borough was free from any outbreak of contagious diseases amongst animals.

Foot and Mouth Disease.

Two outbreaks of Foot and Mouth Disease occurred sufficiently near as to bring the Borough within an area of control under the resultant Orders of Restriction which were made by the Ministry of Agriculture. Weekly licences were issued to Messrs. T. & I. Maughan to enable them to hold their collecting centre on behalf of the Ministry of Food. 43 Movement licences were issued by the Department involving 66 cattle, 11 calves, 387 sheep and 563 pigs.

Tuberculosis Order.

No case of Tuberculosis in dairy herds was notified.

PART VI. INSPECTION AND SUPERVISION OF FOOD.

A. Milk and Dairies.

1. Cowbyres.

There are now only four cowbyres in the town housing approximately 70 cows.

2. Milk Retailers.

Distribution of Milk in the Borough is carried out as follows by :—

Producer Retailers from outside the Borough	2
Producer Retailers within the Borough	4
Retailers distributing from premises outside the Borough	8
Retailers distributing from premises within the Borough	9
Retailers (Shops)	360
	383

3. Purity of Milk.

75 Formal and 5 Informal samples of milk were taken under the Food and Drugs Act, 1938, the results of which show the milk supply to the Borough to be of a very satisfactory quality. (*See table under Section C.*)

4. Milk (Special Designation) (Raw Milk) Regulations, 1949.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The following table gives the various grades for which 485 licences were issued.

Tuberculin Tested.

Dealers Licences	48
Supplementary Licences	6

Pasteurised and Sterilised.

Dealers' Pasteurisers Licence	4
Dealers' Licence to use designation "Pasteurised"	68
Dealers' Licence to use designation "Sterilised"	353
Supplementary Licences to use designation "Pasteurised"	5
Supplementary Licences to use designation "Sterilised"	1
	485

Bacteriological Examination of Milk.

The following summary shows the total number of samples taken during the year and submitted for the prescribed tests under the Milk (Special Designation) (Raw Milk) Regulations, 1949, the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and the Heat Treated Milk (Ministry of Health) Circular 31/44.

1. Methylene Blue Test	235
2. Phosphatase Test	220
3. Tuberculosis Biological Test	17
4. Turbidity Test	11
	483

<i>Class of Milk</i>	<i>Appropriate Tests</i>	<i>Number Examined</i>	<i>Number Satisfactory</i>	<i>Number Unsatisfactory</i>	<i>Number Invalidated</i>	<i>Percentage Satisfactory</i>
Pasteurised	Methylene Blue	111	109	1	1	98.11
	Phosphatase	111	105	6	—	94.55
School Milk Supply (Pasteurised)	Methylene Blue	64	62	2	—	96.88
	Phosphatase	64	64	—	—	100.00
	Animal Inoc. T.B.	2	2	—	—	100.00
Sterilised	Turbidity	11	11	—	—	100.00
Tuberculin Tested (Pasteurised)	Methylene Blue	45	40	3	2	88.89
	Phosphatase	45	42	3	—	93.33
	Animal Inoc. T.B.	1	1	—	—	100.00
Tuberculin Tested	Methylene Blue	8	7	1	—	87.50
	Animal Inoc. T.B.	7	7	—	—	100.00
Ungraded	Methylene Blue	7	3	4	—	42.86
	Animal Inoc. T.B.	7	7	—	—	100.00
		483	460	20	3	95.24

The results of the samples of milk submitted for the various tests during the year 1953 shows a slight average improvement on the previous year and generally indicate that the milk supply to the town was satisfactory.

Milk (Special Designation) (Specified Areas) (No. 2) Order, 1953.

The Town is now included in a specified area under the Milk (Special Designation) (Specified Areas) (No. 2) Order, 1953 which came into operation on 2nd December and has the effect of prohibiting the retail sale of any raw milk other than Designated milk. Three producer retailers of non-designated milk made arrangements for a supply of pasteurised milk through local dairies. The other supplies to the town already complied with the Order.

The amount of raw T.T. Milk now sold in the town is very small, the tendency being to favour the added safeguard of pasteurisation to this grade of milk. This would appear to serve the dual purpose of increasing both the safety and the keeping quality of the milk.

Dairy managers continue to complain of staff difficulties and the misuse of milk bottles by the public, a practice which seems to be on the increase, with very little chance of punishing the culprits. Why could not the long suffering victim (the dairyman) insist on a deposit on every bottle, similar to aerated water bottles?

For the second year in succession all the samples submitted for the biological tuberculosis test were reported as negative.

Milk and Dairies Regulations, 1949.

No cases of mastitis or tuberculosis were reported amongst cows in the Borough, by the Ministry of Agriculture and Fisheries, during the year.

Schools, Nurseries and Hospitals.

Regular sampling of the milk supplied to the schools, nurseries and hospitals in the Borough was carried out during the year.

The results of these samples are included in the preceding summary.

5. Bacteriological Examination of Ice Cream.

57 samples of ice cream and ice cream mix were submitted for the methylene blue grading tests with the following results.

Grade I	.....	36
Grade II	.....	4
Grade III	.....	10
Grade IV	.....	7
		57

70.1% of the samples were satisfactory as compared with 72% in 1952.

The unsatisfactory samples were dealt with in the following manner.

- (a) Those from manufacturers within the Borough by check sampling either during and/or after manufacture.
- (b) Those from manufacturers outside the Borough by notifying the Local Authority concerned of the result of the sample.

Chemical Analysis of Ice Cream.

Four informal samples of Ice Cream were submitted for chemical analysis, three of which were reported as complying with the standard, one being below standard.

A formal check sample, taken from the manufacturer of the unsatisfactory sample was reported as up to standard.

Ice Cream Premises.

Premises registered for manufacture of Ice Cream at beginning of year	12
Premises registered for sale of Ice Cream at beginning of year	203
Premises added to register for sale of Ice Cream during the year	25
Premises removed from register for sale of Ice Cream during the year	3
Premises registered for sale of Ice Cream at end of 1953	225

Food and Drugs Act, 1938.

B. Inspection of Meat and Other Foods.

(1) Slaughterhouses.

Slaughtering in Gateshead has not taken place since 1940 when meat was controlled. The premises used as slaughterhouses at that time have fallen into other uses and many do not now exist. Decontrol of meat and slaughtering takes place next year and one is left wondering what will happen. There is certainly a good case for the provision of a modern abattoir in the Borough but this could only take place if there was a demand for such. At the moment there does not appear to be much likelihood of the ordinary butcher buying and slaughtering his own animals. There are two factors governing this problem, the first being that many of the existing master butchers have not had experience in buying live animals for slaughter and, secondly, most employees have not had any slaughtering experience. Indeed it would appear that the days of the slaughterman meat purveyor have gone and that soon will emerge two separate and distinct callings—(1) that of slaughterman in a large abattoir and (2) that of flesher or meat purveyor in the retail shop, so that instead of buying his meat alive on the hoof, as in pre-war days, the butcher will now purchase dead on the hook.

(2) Unsound Foods.

A fair proportion of the time of the Inspectors is taken up by the inspection of meat and foodstuffs in shops, warehouses and depots. All food condemned as unfit for human consumption found suitable for animal feeding was released for that purpose either direct to piggeries or to processing factories.

The following table summarises the total weight in pounds of such foodstuffs, all of which was voluntarily surrendered and was consequently not the subject of magisterial condemnation. To find again that fresh meats and canned meats constitute such a high percentage (50%) of the total shows careless handling and canning and is much too high a figure in these days of high cost.

	<i>lbs.</i>
(a) Butcher meat and bacon	9,079 $\frac{3}{4}$
(b) Provisions	236
(c) Fruit and Vegetables	253
(d) Carton and Packet Foods (Cereals etc.)	2,208 $\frac{3}{4}$
(e) Tinned meat and Fish	5,778
(f) Tinned Vegetables, Fruits, Soups etc.	4,359 $\frac{3}{4}$
(g) Tinned Milk	217
(h) Preserves (Pickles, Essences)	31
TOTAL	22,163$\frac{1}{4}$

9 Tons ; 17 cwts. : 3 qtrs. : 13 $\frac{1}{4}$ lbs.

A stock of frozen mutton, imported from New Zealand and held in cold store at the Team Valley Trading Estate by the Meat Importers National (Defence) Association for the Ministry of Food, required special examination for Mould.

The stock consisted of 1,612 carcasses weighing 54,772 lbs. of which a quantity weighing 2,023 lbs. was found to be unfit for human consumption and condemned.

The condemned meat was disposed of for salvage of the fat and other bye-products to a suitable processing factory in the Borough and salvage value paid by the processing firm to the owners of the meat.

3. Foreign Bodies in Foodstuffs.

The following table shows the number, etc. of articles of food containing foreign bodies, brought to the Department during the year and the action taken in respect thereof.

<i>Article of Food</i>	<i>Nature of Foreign Body</i>	<i>Legal Proceedings Instituted</i>		<i>Observations</i>
		<i>Fine</i>	<i>Costs</i>	
Barley	Maggot	—	—	Cautioned by Town Clerk
Malt Loaf	Glass	£20	5/-	
Flour	Mouse head etc.	Case dismissed		found not proved
Sausage	Blue bottle fly	—	—	Cautioned by Town Clerk
Meat Pie	Beetle	—	—	Cautioned by Town Clerk

6. Registered Premises.

Preserved and Pickled Meat, Sausages etc.

There are 46 premises registered for the manufacture of preserved and pickled meat and sausages. Regular inspections by the District Inspectors were carried out. During the year 6 premises were added to the register.

5. **Transport and Handling of Meat.**

The practice of transporting meat for the Gateshead Butcher shops from the central slaughtering depots in Newcastle was continued during the year. The unhygienic method of piling quarters of beef in the wagons and walking over them leaves much to be desired; indeed one feels tired of objecting to this malhandling of what has taken a long period of time, on the part of the farmer, to produce. Reference was made in last year's report to a return to a derationed meat supply when each butcher will have the privilege of buying his own supply (dead or alive) and transporting it to his own premises by his own method.

There is every reason to believe that 1954 will see this brought about with the expected improvement in meat handling and transport throughout.

4. **Clean Food Campaign.**

Food preparation premises and shops have again been the subject of close attention with follow up inspections. The summary of this work at the back of this report shows that much good work has been carried out. It is anticipated that the coming year will see a 100% compliance with the Food and Drugs Act. Difficulty in obtaining access to drains is being met owing to the gradients and in many cases new additional drainage to the sewer has had to be provided, a fairly expensive operation in these days of high costs.

The picture in connection with the courses of instruction on Food Hygiene at the Technical College is not so rosy, indeed it is really gloomy. The classes could not be restarted after the summer vacation owing to lack of students. Another attempt to restart this very important work will be made in the future.

31 shop assistants and food handlers attended the lectures at the early part of the year making a total of 58 who have now taken the course.

7. **Clean Food Traders' Guild.**

It was not found possible to hold the usual monthly meetings of the Guild owing to apathy and lack of interest on the part of Guild Committee Members and of the Food Dealers. It is anticipated that means will be forth-coming in the near future to stimulate interest in the activities of the Guild.

During the year 19 traders qualified for membership. The number of trader members now stands at 42. Several new applications for membership have been received.

8. **Licensed Premises (Public Houses etc.).**

There are 113 licensed premises in the Borough.

A sanitary survey of 82 of these was carried out during the year by one member of the staff to ensure that the same standard would be applied throughout. The summary below shows the position in respect of this number after the initial inspection. A vast amount of work has already been carried out informally and here I must pay tribute to the licencees, brewers etc. who have co-operated in every way and made this very important job of work more pleasant.

SUMMARY OF CONDITIONS EXISTING IN PUBLIC HOUSES.

No. of premises inspected during 1953				82
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Bars and Sitting Rooms.

Defective Walls, floors etc.				4
Premises in need of decoration				7
Inadequate ventilation	.....	.....	.....	11

Cellars.

Defective walls, floors, ceilings etc.	.....	.....	.....	19
In need of cleansing and decoration	.....	.....	.....	39
Without proper drainage i.e. to sump	.....	.....	.....	12
Evidence of pests	.....	.....	.....	—
Accumulation of coals etc.	.....	.....	.....	—

Beer Pipes (Types in use).

Lead	.....	.....	.....	1
Plastic and Lead	.....	.....	.....	4
Stainless Steel	.....	.....	.....	49
Plastic	.....	.....	.....	15
Plastic and Stainless	.....	.....	.....	7
Lead and Stainless	.....	.....	.....	1
Premises without beer pipes—beer drawn from wood	.....	.....	.....	5

Drip Troughs.

Wood lead lined	.....	.....	.....	47
Stainless Steel	.....	.....	.....	83
Plastic	.....	.....	.....	4

Washing facilities for Glasses.

Copper sinks with pewter drainer	.....	.....	.....	63
Stainless Steel Sinks	.....	.....	.....	83
Glass washing machines	.....	.....	.....	1
Waste pipes untrapped	.....	.....	.....	23
Waste pipes not discharging over gullies	.....	.....	.....	8
Water supply to sinks (Hot Water not available)	.....	.....	.....	42
Sterilising agent used	.....	.....	.....	39

Sanitary Accommodation—Urinals.

Inadequate	.....	.....	.....	4
Not properly constructed	.....	.....	.....	27
Without flushing	.....	.....	.....	58
Not properly lighted and ventilated	.....	.....	.....	2
Not properly screened	.....	.....	.....	3
Opening directly off rooms or bar	.....	.....	.....	2

Water Closets (Gents).

None provided	.....	.....	.....	2
Not properly screened	.....	.....	.....	1
Insufficient light and ventilation	.....	.....	.....	21
Communicating directly with bar or room	.....	.....	.....	—

Water Closets (Ladies).

None provided	.....	.....	.....	5
Not properly screened	.....	.....	.....	—
Insufficient light and ventilation	.....	.....	.....	17
Communicating directly with licensed room	.....	.....	.....	3

Washing facilities for Staff

None provided	.....	.....	.....	48
Use of Manager's Private facilities				27
Wash basins or sink with hot and cold water				7

Sawdust used on floor				12
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Spittoons used				27
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9. Byelaws, Handling and Wrapping etc. of Food.

Informal action has been taken in respect of several cases of food exposed to contamination on counters and in windows, with satisfactory results in each case. It is somewhat staggering to find how really stupid the food handler and assistant can be in displaying his goods—or dare suggest that it might be indifference. The public too need a severe shake up at times although one rather finds that the housewife is becoming a little more particular. Let us hope that very soon she will assert her right and demand the best and cleanest of foods and what is just as important the same high standard of assistant and premises.

10. Importation of Foodstuffs.

The following table shows the amount of foodstuffs landed at Hillgate Quay from the Continent.

	<i>Tons.</i>
1. Milk and Milk Powder	41
2. Margarine and Cooking Fat	10 $\frac{1}{4}$
3. Vegetables—fresh	2,994
4. Fruits—fresh	2,462
5. Vegetables—tinned	10 $\frac{1}{4}$
6. Fruits—canned	32 $\frac{3}{4}$
7. Vinegar	—
8. Pickles and Sauces	76 $\frac{1}{4}$
9. Bacon, Eggs, Butter and Cheese	2,938 $\frac{1}{4}$
10. Jams, Syrup, etc.	55
11. Cakes and Biscuits	169 $\frac{3}{4}$
12. Beer, Wine, Spirits and Alcohol	166
13. Cereals	79 $\frac{3}{4}$
14. Meats—tinned	957 $\frac{3}{4}$
15. Chocolate, Sweets, etc.	96
16. Other foodstuffs	301 $\frac{1}{2}$
TOTAL	10,390 $\frac{1}{2}$

C. Food and Drugs Act, 1938.

Samples taken for analysis during the year 1953.

<i>Sample</i>	<i>No. of Samples.</i>	<i>Genuine</i>	<i>Adulterated or Irregular</i>
Formal.			
Milk	75	74	1 (a)
Malt Vinegar	1	1	—
Ice Cream	1	1	—
Fish Cakes	2	1	1 (b)
Informal.			
Milk	5	5	—
Mussels	2	1	1 (c)
Non-brewed Condiment	1	1	—
Malt Vinegar	3	3	—
Meat Paste	4	4	—
Jelly Squares	1	1	—
Lemon Curd	4	4	—
Meat Stock	1	—	1 (d)
Bread	1	—	1 (e)

<i>Sample</i>	<i>No. of Samples.</i>	<i>Genuine.</i>	<i>Adulterated or Irregular.</i>
Fish Cakes	2	2	—
Ginger Ale	1	1	—
Cheese Spread	1	1	—
Cheese	1	1	—
Horseradish Sauce	1	1	—
Meat Pies and Pasties	5	5	—
Tinned Strawberries	1	—	1 (f)
Jam	6	6	—
Ice Lollies	5	5	—
Ground Rice	2	2	—
Flour	1	1	—
Table Jelly	2	2	—
Cooking Fat	2	2	—
Cough Mixture	2	2	—
Maize Flour	1	1	—
Ground Ginger	1	1	—
Pineapple Toffee	1	1	—
Tinned Cream	3	3	—
Ice Cream	4	3	1 (g)
Condensed Milk	3	3	—
Sardines in Peanut Oil	1	1	—
Jam Roll	1	1	—
Sago Pudding Mixture	1	1	—
Ground Nutmeg	1	1	—
Mince and Peas	1	1	—
Tinned Cherries	1	1	—
Applecham	1	1	—
Sandwich Spread	1	1	—
Savoury Spread	1	1	—
Ginger Ale	1	1	—
Butter	6	6	—
Tongue Paste	1	1	—
Baked Beans	1	1	—
Sausage	3	3	—
Marmalade	2	2	—
Ginger Cordial	1	1	—
Wine Essence	1	1	—
Custard Powder	1	1	—
Mincemeat	1	1	—
Table Treacle	1	1	—
Sweetened Sponge Mixture	1	1	—
Sage and Onion Stuffing	1	1	—
Ginger Bun Mixture	1	1	—
Minced Chicken	1	—	1 (h)
Stuffed Pork Roll	1	1	—
Ground Arrowroot	1	1	—
White Pepper	1	1	—
Coffee	1	1	—
Ground Rice	1	1	—
Cornflour	1	1	—
Margarine	1	1	—
Semolina	1	1	—
Unsweetened Table Jelly	1	1	—
Ginger Wine	1	1	—
	188	180	8

- (a) *Sample of Milk*—deficient in non-fatty solids to extent of 6.6 per cent. deficient in fatty solids to extent of 4.1 per cent. Presence of added water not confirmed by freezing point test. Producer cautioned.
- (b) *Fish Cakes*—deficient in fish content to the extent of 34 per cent. Manufacturer fined £5 and costs.
- (c) *Sample of boiled mussels*—gave a positive re-action for the presence of mytilotoxine. Retailer discontinued in dealing in these Danish mussels.
- (d) *Meat Stock from Pressure Cooker*—contained iron to extent of 0.8 parts per million. Cooker returned to manufacturers.
- (e) *Bread*—contained piece of partially cooked dirty dough—Baker cautioned.
- (f) *Tinned Strawberries*—blown and corroded tin. Sample contained tin to extent of 0.7 grains per lb. Consignment condemned.
- (g) *Informal sample of Ice Cream*—deficient in fat to extent of 12.0%. Formal check sample genuine.
- (h) *Minced Chicken*—misleading label—manufacturer's attention drawn to matter and labels altered forthwith.

PART VII. — HOUSING.

During the year 1953, 327 new houses were provided thus making a total of 2,277 new houses provided and occupied since 1945, also during the year 55 families have been rehoused from individual unfit properties making a total of 262 such families since 1945. The premises vacated in these instances have been demolished or closed.

It cannot be denied that some improvement in the housing situation has thereby been effected but the extent or degree of improvement can only be established by considering the housing situation as a whole and by comparing what has been achieved during the past 9 years with that which still remains to be overcome as set out under the following separate headings.

Unfit Houses.

The first consideration in this category is the number of houses still in use which were scheduled for clearance prior to 1938. During the year 27 of these houses were demolished or closed and there remained 1,311 at the end of the year 1953.

The 27 houses demolished or closed represent a small proportion of the houses in scheduled areas which have been subjected to Individual Orders and, in all these cases, Orders have been made only as a last resort, because further repairs, even of a first aid character were of no benefit to the property or the occupants.

The remainder of the houses in these scheduled areas can only be described as very bad and this is not surprising having regard to the fact that these properties have received only first aid and urgent works of repair since their inclusion in areas scheduled for clearance 15 years ago.

In addition to the scheduled areas, there exists within the Borough, as revealed by the Housing Survey completed in 1952, a total of 2,799 houses in such a poor state that they are fit subjects for inclusion in clearance areas. There is no doubt that many years must elapse before the rehousing programme could absorb the occupants of these houses and, in

the meanwhile, the only practical policy to pursue is the enforcement of urgent and first aid repairs so as to keep the properties serviceable, and only in the more serious instances to apply Demolition or Closing Orders.

Such is the extent of unfit housing within the Borough that there now exists a known total of 4,117 houses fit only for clearance.

During the year individual Demolition or Closing Orders were applied to 82 dwellings occupied by 72 families and the houses so treated exist, with few exceptions, within the areas previously mentioned as the areas of unfit houses.

It must here be emphasised that only the extreme cases are treated by Individual Orders, because it is seldom possible to secure the vacation of premises so treated within a period of two years from the making of an Order. This period of waiting, when no repairs are possible, has a serious effect upon the already unfit house and the result is that the houses are usually in a deplorable condition before the tenants are rehoused.

The following table gives the position at the end of 1953, regarding houses subjected to Demolition Orders, Closing Orders and Undertakings by Owners not to Relet.

<i>Orders made.</i>	<i>Orders Applied.</i>	<i>No. of Houses</i>	<i>No. of Families</i>	<i>No. of families Rehoused 1953</i>	<i>Families remaining end of 1953</i>
Demolition Orders	Prior to 1953	50	63	30	33
Closing Orders	do.	42	55	14	41
Undertaking not to relet	do.	2	3	—	3
Demolition Orders	During 1953	37	42	5	37
Closing Orders	do.	43	27	6	21
Undertaking not to relet	do.	2	3	—	3
TOTALS		176	193	55	138

Overcrowding.

During the year immediately following the war the urgent need was for a greater number of houses almost irrespective of their condition, to relieve overcrowding and to provide separate families with their *own accommodation*. The urgency of this need has gradually diminished with the building programme which has supplied 2,277 houses, approximately 90 per cent of which have been allocated solely for this purpose and the need to relieve overcrowding though still existing does so to a much lesser degree of urgency.

To obtain a reasonable perspective, it is advisable to view overcrowding from two main angles ; (1) Overcrowding in fit houses and, (2) Overcrowding in unfit houses and it is necessary in each case to consider whether (a) the house as a whole is overcrowded or (b) part of a house as used by a subtenant is overcrowded without overcrowding the house as a whole.

The latest figures of the Housing Department show approximately 8,418 applications for houses and this number is almost equally divided between applicants occupying a whole house and those sharing accommodation.

To consider the case of overcrowding in "fit" houses it is reasonable to assume, in the absence of actual data, that there will be comparatively few applications from families occupying the whole house, as these houses are, in general, the larger type of house, and by the same reasoning it may be assumed that the great number of shared accommodation exists in this type of house.

When considering overcrowding in "unfit" houses it must be stated that "unfit" houses refers to those scheduled for clearance and those houses considered as fit subjects for inclusion in clearance areas which gives a total of 4,117.

These are the older and small houses of the Borough and are almost entirely one-roomed or two-roomed dwellings.

It is therefore obvious that conditions in this case are the reverse of those existing in the "fit" house because much more frequently will a house of this size be overcrowded by a single family. Nevertheless in a recent census it was found that 15 per cent of these houses were occupied by more than one family.

The overall evidence therefore, in this respect, indicates the following :—

- (a) Overcrowding of the whole house by a single family will occur much more frequently in the "unfit" houses, than in the "fit" houses.
- (b) Overcrowding in shared accommodation, or by sub-tenants, will occur more frequently in fit houses but it is also known that in March, 1953 there were 641 families in excess of the then number of 4,122 unfit houses.

In conclusion it is considered reasonable to presume that the removal of "unfit" properties, would also remove those houses wherein lies the greatest degree of overcrowding.

Slum Clearance.

As previously mentioned under the section on "unfit houses" there remains 1,318 houses of those scheduled for clearance prior to 1938 and in addition, there is the reservoir of 2,799 houses from which further clearance areas must be formed.

The task of clearing these 4,117 houses, representing approximately one-eighth of the total houses in the Borough, is of such magnitude that it can only be met by devoting all housing resources for some considerable time to this particular commitment.

It is obvious that first areas requiring treatment will be those previously scheduled and containing the 1,318 houses mentioned above. This matter, it is considered, is of prime importance in the housing

commitments of the Borough, because the conditions existing in the houses included in these areas are such as to demand their removal at the earliest possible moment.

Housing Requirements.

The number of houses which will eventually be required can never be definitely established but an estimate, based on known facts, can be made and, in this respect, details given in the Annual Report of 1952, which were collected in that year, can only be repeated, viz :

(a) Number of families occupying houses scheduled for clearance prior to 1938.	}	4,763
(b) Number of families occupying 2,799 houses in the areas revealed by the 1952 Housing Survey as being areas which can only be suitably dealt with by Clearance Orders.		
(c) Number of families occupying houses subject to Individual Demolition or Closing Orders		151
(d) Number of applications for houses on the list of Housing Department		7,500 approx.
(e) Number of families of (d) above who are "living in" with other families		3,700 approx.

It is obvious that there will be overlapping among the foregoing groups, but a full consideration of this information suggests that not less than 5,000 houses are required to meet eventual needs in relation to unfit properties alone and a reasonable addition should be made for the relief of overcrowding other than that which exists in unfit areas.

One item under this heading which will require very special consideration is the provision of some accommodation for the single persons living alone.

A census made during 1951 on an area scheduled for clearance showed that of a total of 972 families there were 195 single persons, mostly aged persons, living alone. This proportion is high by comparison with areas of better type houses, the reason for this being that in these areas of poor type houses, it is possible for these single people to obtain a single-roomed dwelling at a very moderate rental. Nevertheless, the area quoted is one of the first which must be dealt with by clearance and the re-accommodation of these people will present a very real problem which must be faced and by some means provided for so that clearance of the areas can proceed.

Housing Repairs.

The complex problem of housing repairs would appear to be a very lusty infant which shows little or no signs of being satisfied with present conditions. Indeed the vast amount of works carried out over the last 8 or 9 years has not solved any problem but only kept tolerably habitable those houses which have recently been classified as future clearance areas. Whether the suggestion in the White Paper to the Housing Repairs and Rents Bill that Local Authorities should take over future slum areas will ever materialise remains to be seen.

The following table shows the number of notices served and complied with during the year.

No. of Informal Notices served				1,457
No. of Informal Notices complied with	..			1,427
No. of Statutory Notices served under Section 9	..	----	..	54
Housing Act 1936.				
No. of Statutory Notices complied with	..	.....	.....	34
No. of Statutory Notices executed in default	.....	.....	.....	35

W. A. MEARS,

Chief Sanitary Inspector

County Borough of Gateshead
TUBERCULOSIS
DEATH RATES per 1,000 population
1911 - 1953

per
100



ANALYSIS OF DEATHS ACCORDING TO CAUSES, AGES, SEX AND WARDS DURING THE YEAR 1953.

	Total	Males	Females	0-1 Yrs.	1-2 Yrs.	2-5 Yrs.	5-15 Yrs.	15-25 Yrs.	25-45 Yrs.	45-65 Yrs.	65-75 Yrs.	75 Yrs. & over	North	North-East	North-West	Central	East Central	South Central	West Central	East	South	West	Total Deaths in Public Institutions	Transferable Deaths	
																								In	Out
Certified	1225	688	557	66	2	8	7	16	68	320	327	411	101	43	141	109	103	125	101	183	158	161	—	106	179
Uncertified	75	41	34	1	—	—	—	—	6	20	23	25	5	2	4	5	—	2	1	3	5	4	3	—	3
1. Tuberculosis, Respiratory	29	20	9	—	—	—	—	—	9	16	3	1	2	4	5	—	2	1	3	5	4	3	8	—	3
2. Tuberculosis, Other	3	1	2	—	—	—	—	2	1	4	1	—	1	—	3	1	—	2	—	—	1	—	2	—	—
3. Syphilitic Disease	6	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	1	2
5. Whooping Cough	2	1	1	2	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	1	—	—	4	—	—
6. Meningococcal Infections	3	2	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
7. Ac. Poliomyelitis	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—	—
9. Other Infective & Parasitic Diseases	3	3	—	1	—	—	—	—	1	10	12	14	2	—	3	6	5	7	1	7	2	8	16	4	7
10. Malignant Neoplasm, Stomach	41	26	15	—	—	—	—	—	1	23	16	1	2	1	4	2	2	3	3	4	9	11	18	5	—
11. Lung, Bronchus	41	35	6	—	—	—	—	—	1	10	1	5	1	1	1	1	2	5	—	2	4	—	5	5	2
12. Breast	17	—	17	—	—	—	—	—	1	10	1	5	1	1	1	1	—	—	1	—	1	2	34	—	29
13. Uterus	9	—	9	—	—	—	—	—	4	4	1	—	1	—	4	—	—	—	—	—	—	—	—	—	—
14. Other Malignant and Lymphatic Neoplasms	119	74	45	—	—	—	2	2	7	42	33	33	10	2	13	7	9	13	9	16	24	16	70	12	19
15. Leukaemia, Aleukaemia	7	2	5	—	—	—	—	2	1	1	3	—	—	—	—	1	1	1	1	1	1	1	4	1	1
16. Diabetes	6	1	5	—	—	—	—	—	—	—	1	5	—	—	1	1	—	1	2	—	—	—	3	—	2
17. Vascular Lesions of Nervous System	177	79	98	—	—	—	—	—	7	45	60	65	16	8	19	15	16	20	14	24	18	27	102	10	20
18. Coronary Disease	164	100	64	—	—	—	—	—	2	56	67	39	6	5	17	17	9	23	10	31	25	21	43	13	9
19. Hypertension with Heart Disease	32	19	13	—	—	—	—	—	5	13	14	5	—	—	1	3	3	5	1	2	6	6	22	—	6
20. Other Heart Disease	215	102	113	1	—	—	—	4	9	29	51	121	16	5	18	26	19	25	28	30	21	27	51	16	10
21. Other Circulatory Disease	53	21	32	—	—	—	—	1	1	8	10	33	6	3	4	3	5	4	5	9	10	4	26	1	4
22. Influenza	16	7	9	2	—	—	—	—	1	1	6	7	2	—	—	2	3	—	1	3	2	3	8	—	3
23. Pneumonia	17	9	8	4	—	—	—	—	—	4	4	5	3	1	2	3	2	—	3	1	2	12	—	1	
24. Broncho Pneumonia	26	13	13	5	—	—	—	—	—	3	6	12	—	1	4	5	3	2	4	3	1	3	24	1	7
25. Bronchitis	82	60	22	1	—	—	—	—	28	29	24	13	5	11	10	8	2	8	10	6	9	29	1	6	
26. Other Diseases of Respiratory System	14	6	8	1	—	—	—	—	2	6	2	3	2	—	3	—	1	1	1	3	2	1	7	1	1
27. Ulcer of Stomach & Duodenum	15	10	5	—	—	—	—	—	2	7	4	2	—	—	1	1	1	2	—	3	6	1	12	5	4
28. Gastritis, Enteritis	3	—	3	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	2	1	—
29. Diarrhoea	1	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
30. Nephritis, Nephrosis	9	5	4	—	—	1	—	1	1	4	1	1	1	—	—	2	—	2	—	3	1	—	5	1	1
31. Hyperplasia of Prostate	11	11	—	—	—	—	—	—	—	—	5	6	—	—	—	3	1	—	1	1	2	2	11	1	2
32. Pregnancy, Childbirth, Abortion	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
33. Congenital Malformations	17	9	8	13	1	2	—	—	1	—	—	—	1	2	2	—	1	1	2	3	2	3	16	4	3
34. Premature Birth	16	10	6	16	—	—	—	—	—	—	—	—	2	—	2	—	1	2	2	4	3	—	13	2	6
35. Other Defined & Ill defined Diseases	89	41	48	12	—	—	2	2	10	20	13	30	4	2	16	9	6	8	9	15	8	12	63	11	17
36. Motor Vehicle Accidents	9	9	—	—	—	3	1	1	1	2	1	—	—	2	1	—	2	—	1	1	2	—	9	4	4
37. All Other Accidents	35	21	14	4	—	1	2	1	4	5	4	14	6	1	4	1	4	2	2	6	5	4	28	8	12
38. Suicide	11	7	4	—	—	—	—	—	2	6	3	—	—	—	2	1	2	1	—	2	—	—	2	—	—
39. Homicide & Operations of War	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1300	709	591	67	2	8	7	16	74	340	350	436	106	45	145	119	108	134	110	194	168	171	653	109	181

FOOD AND DRUGS ACT, 1938 AND SHOPS ACT, 1950.

SUMMARY OF WORK DONE 1950 — 1953.

	<i>Butchers</i>	<i>Bakeries</i>	<i>Fried Fish Shops</i>	<i>Wet Fish Shops</i>	<i>Green-grocery and Fruiterers</i>	<i>Grocers</i>	<i>General Dealers</i>	<i>Confectioners</i>	<i>Restaurants Cafes and Snack Bars</i>	<i>Ice Cream Shops and Parlours</i>	<i>Totals</i>
1. RETAIL FOOD SHOPS ETC.	114	50	70	25	86	115	368	149	23	6	1,006
2. NO. OF SHOPS BROUGHT UP TO THE REQUIRED STANDARD DURING 1953	9	—	2	—	8	6	34	9	1	—	69
3. NO. SHOPS NOW COMPLYING IN ALL RESPECTS	102	46	54	21	66	105	242	124	20	5	785
4. WORK DONE DURING 1953.											
(1) <i>Food and Drugs Act 1938 (Section 13).</i>											
(a) (i) Intervening ventilated space provided between water closet and room used for foodstuffs	1	1	1	0	1	3	3	1	—	—	11
(ii) Dustbin removed from within or communicating directly with the room used for foodstuffs	2	—	—	—	10	5	7	3	1	—	28
(b) Walls, floors, ceilings etc. repaired	5	4	3	1	5	6	43	4	2	—	73
(c) Cleansed and redecorated	21	17	17	6	23	24	57	31	11	2	209
(d) Use of rooms for sleeping purposes in direct communication with food room discontinued	—	—	—	—	—	—	2	—	—	—	2
(e) Suitable means of ventilation provided	—	—	2	—	1	2	3	—	—	—	8
(f) Refuse in room removed	—	—	2	—	2	1	4	—	—	—	9
(g) Cleanliness of employees, apparatus etc.	3	2	8	—	3	3	31	17	1	—	68
(h) Suitable washing facilities for employees provided	8	—	5	—	7	7	29	20	2	—	78
(2) <i>Shops Act, 1950 (Section 38).</i>											
(a) Suitable means of ventilation provided	—	—	2	—	1	2	3	—	—	—	8
(b) Suitable means of heating provided	3	—	—	—	1	—	1	1	—	—	6
(c) Suitable means of lighting provided	—	—	—	—	—	—	—	—	—	—	—
(d) (i) Additional sanitary conveniences provided or made available	2	—	1	—	1	—	2	2	—	—	8
(ii) Sanitary Conveniences repaired	1	1	2	0	2	1	3	2	—	—	12
(e) Washing facilities for employees provided	5	—	2	—	—	2	—	—	—	—	9

